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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1991 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

S. W. 1_	MARGIN RESERVED FOR BINDING	M
BWRITE PLAINLY, WIT	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	f infor-
mation should be carefully	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	1 state
CAUSE OF DEATH in pla	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	CUPA-
TION is very important.	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			82-a			
County Anne Arun	del			Registration Di	ist. No. 2	1
Village or City Crowns	ville Stat	Hosni No.	urred in a hospital or institu	ation, give its NAMF.	St.,	Ward
Length of residence in city or town where de	ath occurredyrs.	55	ds. How long in U.S. if o			
2. FULL NAME Phil	lip Boston					
(a) Residence: No. Balti	more Count	. Herysta	nd Ward.	If nonresident gi	ive city or town and	d Sinie
PERSONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, W OR DIVORCED (write Marrie Q		November	6th (Month)	(Day)	., 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of COL WIEE of Unknown		22. Augu		CERTIFY		deceased from
6. DATE OF BIRTH (month, day, and year)	874		aw h_1 M alive on			
7. AGE Years Months 58 Unka		hrs. The PF	e occurred on the date state RINCIPAL CAUSE OF DEAT s follows:	TH and related causes	of importance	Date of onset
10. Dato deceased last worked et this occupation (month and year) ? 12. BIRTHPLACE (city or town)	nknown 11. Totel time (year spent in this occupation)	? Other	contributory Causes of important arte		· · · · · · · · · · · · · · · · · · ·	80 min.
13. NAME JOE BOSTON 14. BIRTHPLACE (city or town) (State or country)	land		of operation		Date of Was there an	
15. MAIDEN NAME Clize (16. BIRTHPLACE (city or town) (State or country)	Unknown) yland	23. If de	ath was due to external caunt, suicide, or homicide?	uses (VIOL ENCE) fill I	In also the followin	g: , 19
17. INFORMANT HOSPITEL Re (Address) Crumsvil 18. BURIAL, CREMATICA, OR REMOVAL Place		Manne	whether injury occurred in	n INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
19. UNDERTAKER Successful (Address) 578 7	Budge	If so,	disease or Injury In any war upecify igned (Address) O. D. W.	XX M	ion of deceased? MESO MESO	e) 3 m. d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC 9 1935	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

4 51 405 05	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	18
1. PLACE OF	0			101-0	
County	a, a.	,	K	Registration Dist_No.	
Village or Ci	ty annap	olio	ma	No. Emergency Hospelal St.,	_Ward
Length of resu	ence in city or town where	death occurred		If death occurred in a hospital or institution, give it. AME instead of street and number) sds. How long in U.S. If of foreign blith?yrsmos) ds
2. FULL NAT	4	ureno		Brown	
	00.		2 0		
(a) Residence	ce: No. 17 occus	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) , 193	ear)
5a. If merried, widowe HUSBAND of	ed, or divorced				,
(or) WIFE of				22. I HEREBY CERTIFY, That I attended decease	d from
4 DATE OF BIRDS		Jan 29	1932	7 19	-st
6. DATE OF BIRTH (Days	If LESS than	to have occurred on the date stated above, at	ls sal
	9	9	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ofonset
8. Trade, profes	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc			B	
SAWYER,	ousiness In which			Minches menginal	
work was	done, es SILK MILL, L, BANK, etc			"Myscarfaeat maggining"	五
U 10. Date decease	d last worked at pation (month and	spe	ime (years) nt in this upation	<i>f</i>	3
	0 . 0	. 10	ra D	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city (State or coun				Malautatain	
13. NAME	Charle	1 Brown	wn		
13. NAME 14. BIRTHPLACE	(city or town)			Name of operation Date of	
(State or		rosas	cely	What test confirmed diagnosis? Was there an autopsy	u
15. MAIDEN NAM	ME Beat	rice P	ense	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAM	(city or town)	- 1		Accident, suicide, or homicide? Date of injury, 15	
∑ (State or		resolu	eg . da	Where did injury occur?	
17. INFORMANT	Charles	Brown	2	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address)	Poliman	station	c .		
18. BURIAL, CREMATI	ON, OR REMOVAL	Date Not	/2 1932	Manner of injury	
Place ASA		Date // OC	, 19.0	Nature of Injury	
19. UNDERTAKER	B I 1+	offer	6	24. Was disease or injury in any wey related to occupation of deceased? LLC)
20. FILED. horr	2,19/2 2	france (Registrar.	(Signed) Leonge Charles Mil	_M. [
	If more	e blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11679
1. PLACE OF DEATH	956
County a . a .	Registration Dist. No.
Village or City annapolis m	No/80 Chesture St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?yrsmosds,
	The company of the property of the property of the company of the
2. FULL NAME (Mary). Brown	
(a) Residence: No. / 8.0 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1/2 23 ,1932
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
011 1101	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) Uniform / 866 7. AGE Years Months Devs If LESS than	I last saw h alive on, 19; death is sald
7. AGE Years Months Deys If LESS than 1 day,hrs	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importence
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	Start Malens
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	17wv www.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The action of the following
0. Date deceased last worked at this occupation (month and spent in this	or ounce of the bull
year) occupation	Other Contributory Causes of Importance:
12. BIRTIIPLACE (city or town) a a. Co med	Other Contributory Causes of Importance:
(State or country)	
13. NAME Charles Deser	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) and see:	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Name Name	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country) a a Co Ond	Where did injury occur?
17. INFORMANT Estilla Harris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 21 Pay low it answered mi	
18. BURIAL, CREMATION, OR REMOVAL Place + Orly Slalion Date/ 27 1952	Manner of injury
Place J ONLY CLASS Date N 4 ,19	Nature of Injury
19. UNDERTAKER D. J. Happonny	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Amogreto m.	If so, specify
20. FILED T 25 1932 Jung 6 C. Junger Mit	(Signed) Sum All Som Arby honors
Registrar.	(Address) Am Juli Mayland
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II

Zzampie 1	ii	13xample 11	
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Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPAstated EXACTLY. PHYSICIANS should state PERMANENT RECORD. Every properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. PLAINLY,

ARGIN RESERVED FOR BINDING

V. S. No.

S. 1. PLACE OF DEAT	TATE O	F MAR	YLAND—	CERTIFICATE OF DEATH	680
County ANNE		т	ORI	GINAL Build No. 87	
	Greenla		ch	Registration Dist, No. 21	141
			(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in cit	y or town where de	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME	Willia	m T. Ca	arey		
(a) Residence: No	Green			St., Ward.	
PERSONAL AN	D STATISTIC	(Usualpiace		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 23rd (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced			22. I HEREBY CERTIFY, That lattended do November 14th, 19 32, to November 23	eceased from
6. DATE OF BIRTH (month, day	, and year)	tober	18, 1862	last saw him alive on November 23rd, 1932;	
7. AGE Years 70	Months	Days 5	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at	
kind of work done, as SAWYER, BDOKKEEI 9. Industry or business in work was done, as SAW MILL, BANK, et 10. Date deceased last worl this occupation (mon year)	which ILK MILL, tcked et Ith and 1925	11. Total t	time (years) life		
12. BIRTHPLACE (city or town)_ (State or country)		īd.		Other Contributory Causes of Importance: Hypertrophic cirrhosis of the	
13. NAME Patric	ck Carey	<u> </u>			
13. NAME Patric 14. BIRTHPLACE (city or tow (State or country)	,			Name of operation Date of	
		reland		What test confirmed diagnosis? Wes there an au	topsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or too (State or country)	unknow		nđ	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT Mrs. (Address) Gree 18. BURIAL, CREMATION, DR RI Place New Catl	nland E		6 ,32	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC Manner of injury	DE.
19. UNDERTAKER Wm (Address)		re, Md	} lea ~	Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)	710

(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A POSTOVAL GUARN P	F		

BINDING

RESERVED

ARGIN

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2 2 2			H.
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.T	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING	M
N. B. WRITE PLAINLY, WIT. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infar-	IT. UNFADIN	NG INK-THIS	IS A PERMANENT RE	CORD. Every item of infar-
mation should be carefu	illy supplied.	AGE should be	stated EXACTLY.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in	plain terms, so	that it may be	properly classified. Exa	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	. See instructi	ons on back of	ertificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11682
1. PLACE OF DEATH	(82-d)
County a.a. Cu. mx	Registration Dist. No. 23
Village or City Gleuburnie mos	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Officery on the	No 1
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH
5e. If married, widowed, or divorced HUSBAND of COT WIFE OF COT WI	22. ALHEREBY CERTIFY. Thet i attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. 23. 1843 2	I last saw h. L. alive on NOV J., 1932; death is seld
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated ebove, at
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The second secon
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Dulto Mul (Stete or country)	Other Contributory Canees of importance:
13. NAME John Xleide 14. BIRTHPLACE (city or town) 244554444	111. J. J.
4 14. BIRTHPLACE (city or town) WWW. WWW. (Stete or country)	Name of operation Date of
15. MAIDEN NAME PLINTEN	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Haken or . (Stata or country)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT. Mm. H. Cropens G. Q. C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place bedog fill Date /// 1932	Manner of injury
19. UNDERTAKER & Thew Min Gully (Address) 130 & Front.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 11-9-32, 19 Caldwell Woodruff Registrar.	(Signed) Life Murling Holly M. D. (Address) 2102 M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		State of the state	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY, WITH TION is very important.

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 11683
1. PLACE OF DEATH	(131)
County C	Registration Dist. No.
Village or City Cohurchlon	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (harfs your	er-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) OR DEVORCED (write the word)	21. DATE OF DEATH, (Month) (bay) (Year)
5a. If married, widowed, or divorced Sarch & Shaws	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Que next 20 1932 to Mar 21 1932
6. DATE OF BIRTH (month, day, and year) May 16 1875	I last say him alive on Del 31 0 , 193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. Pm.
67, 1875 Hay 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade protection or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Chrone of Liphisting
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
year) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Comments (State or country) Q - QL - Ca Md	, H
1	
13. NAME I hom as Crown are 14. BIRTHPLACE (city or town) Churchlon (State or country)	
4 14. BIRTHPLACE (city or town) Churchlon	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Virgiquia Blunt 16. BIRTHPLACE (city or town) Churchlon (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Churchlon	Accident, suicide, or homicide?
(State or country) OL - CI Md.	Where did injury occur?
17. INFORMANT Mrs Sarcis & Croms. (Address) Churchen Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Li ran Rem Date 11 - 4 1, 19 32	Nature of Injury
19. UNDERTAKER & H. B. Carker	24. Was disease or injury in any way related to occupation of deceased? No
(valuess)	If so, specify
20. FILED / 100 3 1932 Les I Sent M. D.	(Signed) M. D.
Registrat.	(Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH 44000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as f	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	lis, & SECTION ET	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	4	July 5,1927	Peritonitis	3 days ago	
		1			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones	Mark Mark	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	84
1. PLAC	E OF DEATH		920	OT
Count	y Anne Arundel		Registration Dist. No. 21	
Villag	e of City Annapolis		No. Emergency Hospital	Ward
Length	a recidence in cily or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number of the	
			5	US.
	NAME Evelina Fr			
(a) R	esidence: No. Carvel Ha	(Usual place of abode)	St., Ward. If nonresident give city or town and St	late
PER	SONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Kemal	0	INGLE, MARRIED, WIOOWED. R DIVORCED (write the word) Vidowed	21. DATE OF DEATH forember (Month) (Oay)	193.7 (Year)
HUSBAN (or) WIF	D of	Delano	November 25, 1932, to Korember 30	., 19 3 7
6. DATE OF E	BIRTH (month, day, end year) Jar	1. 14, 1846	Hast sawh la elive on Moreneber 36 , 1937;	death is seid
7. AGE	Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
	86 10	16 or min.	were as follows:	Data of onset
Indus	, profession, or particular nd of work done, as SPINNER, MYYER, BOOKKEEPER, etc try or business in which ork was done, as SILK MILL, AW MILL, BANK, etc	(e	Viennia-Dronebo	11-24-3
- 1	deceased last worked et iis occupation (month end ser)	11. Total time (years) spent in this occupation		
	ACE (city or town) New Your country)		Other Contributory Causes of importance:	
1.1		~~	- Muyocardetes Chronic	
13. NAME				
1 (3	HPLACE (city or town) NEV State or country)	/ York	Name of operation Oate of Whet test confirmed diagnosis? player and Surger Was there an out	
15. MAIO	EN NAME Eliza Hale		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
	HPLACE (city or town)	rk State	Accident, sulcide, or homicide? Date of Injury Where did injury occur?	
17. INFORMAN	Major Delano		(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, C	remation, or removal Javal Cemetery oa		Manner of injury	
19. UNOERTA (Addre	KER John M. Taylor		24. Was disease or Injury in any way related to occupation of deceased?	is

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. J.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursels can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

OF MOTHER
(State or Country)

	PLACE OF DEATH	
	County Clima Climadal	
il	lage or City Section (No. No.	ti
	2FULL NAME JEENJE Dun	n
	PERSONAL AND STATISTICAL PARTICULARS	
S	EX 4 COLOR OR RACE 5 SINGLE.	16 1
7	Male White Widowel (Write the word)	U .
	DATE OF BIRTH	17
	March 2/1 , 1887 (Month) (Day) (Year)	tha
A	GE [If LESS than	
	75 yrs. 7 9 mos. 27 ds. or min.?	The
一月月日	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	*****
E	(State or country) Ballemore, And,	
	10 NAME OF FATHER James Dumer.	(Sig
2	OF FATHER (State or country) Maryland.	
AKE	OF MOTHER Shirt Drugge	18

TO THE BEST OF MY KNOWLEDGE

If more blanks are needed, address state Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 🗸 🗅

res. Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
	, 192
Morember (Month)	(Day) /932(Tear)
17 I HEREBY CERTIFY, That I att	ended the deceased from
100 /2 1982 to 2	Tor 17-,132
that I last saw helicalive on 77	or 16 th 132
and that death occurred on the date stated	
The CAUSE OF DEATH * was as follows:	above, at
The CAUSE OF DEATH " Was as follows:	
Lotar	
Purun	ma.
(Duration)	yrsmosdids.
Contributory	
(Duration)	yrsds.
0	sulle M. D.
	1/2
	u Oranie
*State the Piscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
ients or Recent Residents)	
or death	tegrsds.
Where was disesse contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	nw 19, 1932
Tremosher lemely	ADDRESS 4
20 0.1	0 1. 22

V S. No. 1

10

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em-Locomotive engineer, 6 Grocery;

Stritement of Cause of Death—Name, first, the DISEASE ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

IARGIN RESERVED FOR BINDING

V. S. No.

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 111	585
		91-0	1
County	1 0.00	Registration Dist. No.	
Village or City	Trude Com	No	Ward
Length of residence in city or town where death occ	. /		nos ds
2. FULL NAME & Allean	a Thomas	Ayson .	
(a) Residence: No. Anne Anne	De O Ho	m St. Ward.	. 250
	Jsual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day)	, 193 V
5a. If married, widowed, or divorced		(month) (bay)	(Teat)
HUSBAND of Cor) WIFE=of Pley, na	yson)	22. HEREBY CERTIFY, That I attended	deceased from
	7	1924 to 100. 23	- , 19 5 2
6. DATE OF BIRTH (month, day, and year) (lugaret) 7. AGE Years Months	Days 11 LESS than	Uast saw h six alive on Nov. 2 vas , 19 87	_; death Is sai
AGE Tears Months	Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, at	
10 2 2	orrain.	were as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Notice of confession	1927
9 Industry or business in which	- 0		
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc To. Date deceased last worked at this pregnation (month and	Tale)	,	
	11. Total time (years) spent in this	2	
yeer)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		Atomo Ochsonson	1928
(State or country)	aur		
13. NAME 14. BIRTHPLACE (city or town)	9762		
14. BIRTHPLACE (city or town)		Neme of operation	
(State of country)	y au	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME Alvertax	meherson	23. If death was due to external causes (VIOLENCE) fill in elso the following	g:
16. BIRTHPLACE (city or town)	X	Accident, suicide, or homicide? Data of injury	, 19
(State or country)		Where did injury occur?(Specify city or town, county and St	ite)
17. INFORMANT Aus Andrews	16 Home Mil.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	N. Che.	Manner of injury	
Place eader Half Dete	1W. 26,1938	Nature of Injury	
19. UNDERTAKER From Melo (Address) 128 & Hout	willy.	24. Was disease or Injury in eny way related to occupation of deceased?	ho
20. FILEO MY 25, 1937 Junge	C. J. J. Registrar.	(Signed) And in Hay re	n.
If more blanks at	//	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6 1949			
Other contributory causes of importance S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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WITH UNFAI	fully supplied.	n plain terms, so	nt. See instruc
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AINLY, WITH UNFAI	ld be carefully supplied.	DEATH in plain terms, se	y important. See instruc
E PLAINLY, WITH UNFAI	should be carefully supplied.	OF DEATH in plain terms, se	s very important. See instruc
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE (OF	MARYL	AND-	CERTIFICA	ATE	OF	DEATH
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Village or City and choles my	No. Emergence Hasfile St., Ward
	No. Emergency Haspital St., Ward
Length of residence in city or town where death occurred	
	(If death occurred in a horsylal or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
	Al
2. FULL NAME . X	unx.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from 10, 1932 to 2007, 10 1932
6 DATE OF RIRTH (month day and year) Wor 11-193	2-1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sew h; death is said
l day,h	To the country on the date stated above, at
Ormin.	were as follows: Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	succe of the
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and year) occupation 11. Total time (years) spent in this occupation occupation	
0 1.1.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Systocia
E .	76
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Minnie & Xlinbraker	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) N, Lo	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jennelle w Kunk	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Cinnicafolis one 18, BURIAL, CREMATION, DR REMOVAL	••••••
Plece Noval Commencery Date Nov 12 193	2 Manner of injury
Date	Nature of injury
19. UNDERTAKER B I It offering	24. Was disease or injury In any way related to occupation of degeesed?
(Address) ann apolls And	If so, specify
20. FILED / 1 , 193 2 2 2 2 4 C 2 4 4 1	(Signed) 1 - 1 Ohyma M. D. (Address) Naval academy ann
// / Registrar.	" (Vaniezz) " " The state of th

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 1939	July 5,1927	Peritonitis	3 days ago	
DUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., without more precise columns, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmar (retired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISLEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

escarbolic acid-probably suicide. The n-ture of the injury, "telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menacadent; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus,
"ITraemia," "Weakness," etc., when a definite disease Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular etc. The contributory affection need Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6

FOR BINDING

ARGIN RESERVED

B

1. PLACE OF DEATH	(14)
County and accumded	Registration Dist. No. 2 3.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
, , , , , , , , , , , , , , , , , , , ,	asoft.
(a) Residence: No. Mullervell, R & D., (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Stalls Gerhards.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. Land. alive on Mar. 1. 192 2; death is said to have occurred on the date stated above, at . 2. Pe.m.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 1931.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this docupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Clearly (State or country) (State or country) (13. NAME Frank Herbert Lerhardt	Casernoma of the tores - 1982.
14. BIRTHPLACE (city or town)	Nama of operation. South a teros only Date of Aug. 1231 What test confirmed diagnosis? Symptoms Was there an autopsy? 26
15. MAIDEN NAME anna 16. BIRTHPLACE (city or town) austria - (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Stella Lerhardt. (Address) millionell. mg.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Goas Comp. Date 7101 15 , 1932	Manner of injury
19. UNDERTAKER John 7. Denny Co. (Address) Back. Fred.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 12, 19 32. Matilda P. Deal	(Signed) James S. Beelingska M.D. (Address) Llen Burney. Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1.7	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	. 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

11690

1. PLACE OF	DEATH				
County	Arne Aru			Registration Dist. No.	21
Village or City			State Hos	St., death occurred in a hospital or institution, give its NAME instead of street 22. ds. How long in U.S. if of foreign birth? yrs.	and number)
2. FULL NAM	26. 14	Gillia:		1000	
(a) Residence	: No. Beltim	Ore City	/ Maryla	ndSt, Ward. If nonresident give city or town	and State
	L AND STATISTI			MEDICAL CERTIFICATE OF DEAT	Н
male 4	black		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH November 7th (Month) (Day)	, 193_2 (Yeer)
5a. If married, widowed, HUSBAND of (or)-WHFE of	or divorced Tildred 3	illiard		22. HEREBY CERTIFY, Thet letter August 15th 19 32 to Lovember	nded deceased from
6. DATE OF BIRTH (mo	onth, day, and year)	1883		Hast saw h_im_alive on November 7,19	.32; death is said
7. AGE Years 49	Months unk	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10:154m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: General Peralysis of the	Date of onset
9 Industry or but work was d SAW MILL,	one, as SILK MILL, BANK, etc	nknown	Le repair ime (years) thin this spation	Other Contributory Causes of importance:	3
12. BIRTHPLACE (city of (State or country)		land		Syphilis	?
13. NAME	James Edw	ard Gil	liard dea	d	
13. NAME 14. BIRTHPLACE (c) (State or co	city or town)	yland		Name of operation Date What test confirmed diagnosis? Was there	
15. MAIDEN NAME	Mary An	ne Youn,	g, dead	23. If death was due to external causes (VIOL ENCE) fill in elso the follo	owing:
15. MAIDEN NAME 16. BIRTHPLACE (c) (State or co	city or town) LETY	land		Accident, suicide, or homicide?	19
(Address)		ecords unsvill	e Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18. BURIAL, CREMATIO	N. OR REMOVAL	Date \TOO	10 1932	Manner of injury	
19. UNDERTAKER (Address)	Tamuel 38. M.	The Of	ase you	24. Was disease or injury in any way related to occupation of deceased liso, specify	·
20. FILEDAME. &	,1932	46C15	Registrar.	(Signed) (Address) Cronsville, Maryl	and M.D.

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:	-4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

should state

1. PLACE O	F DEATH	oi man	- LAND		1
County	aa	A		Registration Dist. No. 21	
Village or	city annapo	les m		No. 3 6 St., St., death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of re-	dence in city or town where	deeth occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NA	ME	Infac	1 my	eses freen	
(a) Reside	nce: No. 36 64	ay		St., Ward.	
		(Usual place		If nonresident give city or town and State	
3. SEX	NAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
5 m	4. COLOR OR RACE		D (write the word)	21. DATE OF DEATH (Month) (Pay) (Ye	eer)
5a. If married, widow HUSBAND of	wed, or divorced				,
(or) WIFE of				22. I HEREBY CERTIFY, That I ettended decesse	
e DATE OF BIRTH	(month, day, and year)	4/-1	0-1932	, 19, to, 19, 19, death	
	ars Months	Davs	if LESS than	to have occurred on the date stated above, atm.	12 2910
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profe	ession, or particular		ormin.	were as follows:	fonset
kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc			full born	
9 Industry or	business in which			no The sicion	
	as done, as SILK MILL, LL, BANK, etc				,
- I was occi	sed last worked at upation (month and	II. Iotal t	ime (years) nt in this		
year)	/.	000	upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (c		apolo	my		
1	100	8/ 100		Trulm	
13. NAME	Toug	on you	gers		
	E (city or town)	11 Pir	2-15	Name of operation Date of	
1	14	Bar	The	What test confirmed diagnosis? Was there en eulopsy?	
15. MAIDEN NA	AME /SALCH	es rue		23. If death was due to external causes (VIOLENCE) fill in also the following:	
	E (city or town)	ets m	S	Accident, suicide, or homicide?	
- (State o	n =0	Sec.		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	36 lolay	Street of	margalis.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMA	TION, OR REMOVAL	11/0	111 32	Menner of injury	
Place	7.00	Date_//	, 19	Nature of Injury	
19. UNDERTAKER (Address)	amapole	James	3	24. Was disease or injury In any way releted to occupation of deceased?	
20. FILED	1 19.3.2 }	oyle.	Registrar.	(Signed) Tough Company Company	M. C
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVI AND CEPTIFICATE OF DEATH

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BUREAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

1)	tem of infor-	should state	of occupa-	
•	RECORD. Every i	7. PHYSICIANS	Exact statement c	
OR BINDING	S A PERMANENT	ated EXACTLY	operly classified.	rtificate.
MARGIN RESERVED FOR BINDING	TUNFADING INK-THIS IS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

V. S. No. 1

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH

44000

:	1. PLACE OF DEATH				82-0)	1032
	County Anne Aru	inde]			Registration Dist. No. 24	
	Village or City Gr	owns	ville:	State Hos		Ward
	Length of residence in city or town	n where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and	
			Ienson			031=1==================================
				has Maren	c most Ward	
246	(a) Residence: ND	IN TAK	(Usual place	of abode)	anst, Ward. If nonresident give city or town and	State
	PERSONAL AND STA	ATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male bleok	ACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 25th (Month) (Day)	, 1932 (Year)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of	fahn	Henson		22. I HEREBY CERTIFY, That I attended	deceased from
1	(0)	177 124	7 . 7 . 1 . 1 . 7 . 2		November 16 .19 32.10 November	
-	DATE OF BIRTH (month, day, end year	11)	1885		I last saw h_im_ alive on NOV25th, 19_3	2; doath is sald
7.	THE RESERVE OF THE PERSON NAMED IN	nths	Days	If LESS than 1 day,hrs.	to have occurred on the date steted above, at	
	8. Trade, profession, or particular	Unki	iown	ormin.	were as follows:	Date of onset
NOI	kind of work done, as SPINI SAWYER, BODKKEEPER, etc.	NER,	-1,6-1,1,14(4)	72	Cerebral hemorrhage	l hr
OCCUPATION	9. Industry or business in which		nknown			
CCU	work was done, es SILK MIL SAW MILL, BANK, etc			ime (years)		
ō	this occupation (month end	?	spe	nt in this		-
10	BIDTUDI ACE (-1 1.	e pr	i e më		Other Contributory Causes of importance: General Arteriosclerosis	9
12	2. BIRTHPLACE (city or town)				AVITATION VI PELITORGICIONIS	
ER	13. NAME	in I	lenson,	cerd		1
FATHER	14. BIRTHPLACE (city or town)	1.8	eriland		Name of operation Date of	
	(State or country)				What test confirmed diagnosis?	eutopsy?
HER	15. MAIDEN NAME	ron	re Tibb	s, dead	23. If death was due to external causes (VIDLENCE) fill in also the following	g:
MOTHER	16. BIRTHPLACE (city or town)	Hery	×18114		Accident, suicide, or homicide? Date of injury	, 19
	(State of Country)	**			Where did injury occur? (Specify city or town, county and Sta	te)
17	(Address) Crownsy		orde e, kar	Land	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATION, OR REMOVAL	and	11/4	8 .3<	Manner of injury	
	Place is gale	in	bate/	, 19 2	Neture of injury	
19	UNDERTAKER Johnson	RO	Veryn	uf.	24. Was disease or injury in any way related to occupetion of deceesed?	
_	(Address) Mas	200	Spri	nos my	If so, specify	
20	FILED 127 F32		Porty	Me	(Signed) Crownsville Maryla	M. D.
1		- 45	XIA	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 7861	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A Comment of the Comm	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	A	nne aru	ndel	
Village or C	ity	Annapo	lis, Md	
		y or town where d		
2. FULL NA	ME M	aude M.	Hibsch	nan
A.		Y. W. C		
			(Usual place	
100		D STATISTI		
Female		r or race	2.4	(write the wo
5a. If married, widow			divor	<u>Jeu</u>
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Harry J Hubschma				
6. DATE OF BIRTH	month, day	, and year)	ril 19	. 1885
7. AGE Yea		Months	Days	If LESS t
4	7	6	30	1 day,mir
9: Industry or	ork done, a BOOKKEEI	PER, etc.	ecretar	У
10. Date decease this occupyear)		ked at		ma (years) It in this pation
12. BIRTHPLACE (cit (State or coun		Balati		
13. NAME	John	E. Murr	hv	
14. BIRTHPLACE (State or		vn) Albei		
15. MAIOEN NAI	ME Sar	ah Muni	coe Muri	nhv
16. BIRTHPLACE (State or	(city or tov	7/12 202	nesota	
17. INFORMANT _ M (Address)	r. Ma	aurice M shington	M. Hibso	hman
18. BURIAL, CREMATI				

1. PLACE OF DE	ATH			(95-8)
County	Anne aru	ndel		Registration Dist. No.
Village or City	Annapo	lis, Md	e	No. Y. W. C. A. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in	n city or town where o	death occurred	4 yrs 2 mos	t death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME				
(a) Residence: No	Y. W. C	. A.		St., Ward.
PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
The state of the s	LOR OR RACE	S. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH
Female w	hite	divorces	(write the word)	hoverthee / S , 1932 (Month) (Day) (Year)
a. If married, widowed, or d HUSBANO of	livorced		0	
(or) WIFE of	farry (Thebs	chmin	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month,	day, and year)	pril 19	1885	I last saw h alive on, 19; death is said
. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
4.7 8. Trade, profession, or	6	30	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dor SAWYER, BOOKE	ne, as SPINNER, SEEPER, etc.	ecretar	V	acrile dilation of
work was done, a SAW MILL, BAN	s in which			D. L.
10. Date deceased last	worked at	11. Total ti	ma (years)	hecuh
this occupation (i	month and	spen	tin this pation	
2. BIRTHPLACE (city or tow	m) Balat	in,	*****************	Other Contributory Causes of importance:
(State or country)	Minne			
13. NAME Joh				
14. BIRTHPLACE (city or (State or country				Name of operation Date of
15. MAIOEN NAME S			ohv	What test confirmed diagnosis?
16. BIRTHPLACE (city or	town) Min	nesota		Accident, suicide, or homicide?
(State or country				Where did injury occur? (Specify city or town, county and State)
	Maurice ashingto		hman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OF		Nort	70 79	Manner of injury
Place Loudon			19 04	Nature of injury
O. UNDERTAKER John (Address) Ann				24. Was disease or Injury in any way related to occupation of deceased?
1		1 0	200	If so, specify (Signed Jason M. Holling Heli Lynn
D. FILEO DON 1.9	., 19	7605	Registrar.	(Address) Annely Cai As as

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

V. S. No. 1 N. B.—V

SIAIE	F MAR	YLAND-	CERTIFICATE OF DEATH 11694
1. PLACE OF DEATH			48
County Anne Arund	el		Registration Dist. No.
Village or City <u>Annapoli</u>	S	<u> </u>	No. 39 Calvert St. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where d	eath occurred)yrs,mos	sds. How long in U.S. if of foreign birth? 49 yrs. mos. ds.
2. FULL NAME Laura	Holland		
(4)	vert St (Usualplace	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE	5. SINGLE, MAN OR DIVORCE Marri	RRIED, WIDOWED, D (write the word) Ed	21. DATE OF DEATH Mov. 8th 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of George Holla	nd		22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) un	1		I last saw h alive on
7. AGE Years Months about 49	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, ho SAWYER, BODKKEEPER, etc			Data of one at
SAWYER, BODKKEEPER, etc.	usewile		Carcewouna,
kind of work done, as SPINNER, ho SAWYER, BODKKEEPER, etc			Gremary coromoma of the uterus
	11. Total t	ime (years)	Duration: 2 years. Curg 53.
this occupation (month and year)		nt in this upation	
12. BIRTHPLACE (city or town) Virgin	ia		Other Contributory Causes of Importance:
(State or country)			acts/ Myrcardetis
13. NAME unknown			
14. BIRTHPLACE (city or town) unk	nown		Name of operation Date of
(State or country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hilda Pu	rson		23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	irginia	L	Accident, suicide, or homicide? Date of injury, 19
(State or country)			Where did Injury occur?
17. INFORMANT George Holl (Address) Annapolis.	and Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL			Manner of injury
Plece Brewer Hill Ce	modte Nov.	11 ,19 32	Neture of injury
19. UNDERTAKER John M. Tay (Address) Annapolis.	lor.		24. Was disease or injury In any way related to occupation of deceased?
2D. FILED 10 , 19.32 fr	1	Registrar.	(Signed) M. D. (Address) Castas Ma
If more b	lanks are needed.		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		,	, o , , , , , , , , , , , , , , , , , ,

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Harris and the second	Example 1		Example II	
The principal cause of do of importance were as follows:			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 1 Livin	July5,1927	Peritonitis	3 days ago
	BUREAU Y.			
Other contributory cause	s of importance:	a resident all	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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				F MAR	YLAND-	CERTIFICATE	OF DEATH	1 12462
1	I. PLACI	E OF DEAT		~ 7		97)		71
	County		A Be 6.60	6 to 10			Registration Dist.	No
	Village	or City	Crownsy	ille Si	te Hospi	death occurred in a hospital or instit	ution, give its NAME inste	St., Ward
	Length	of residence in ci	ity-or town where o	leath occurred		ds. How long in U.S. if		
	2. FULL		1	siah Hu	*,			1
		sidence: No			r County.	lst,rylarWard.	If nonresident give c	nity or town and State
n TE	PERS	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	CERTIFICATE OF	DEATH
3.	sex male		R OR RACE	5. SINGLE, MAR OR DIVORCE Marr	RIED, WIDOWED. D (write the word) ie d	21. DATE OF DEATH November	6th (Month)	(Day) (Year)
5a.	. If married, HUSBAND (or) WHF E			Hughes				hat I attended deceased from ember 6, 19 32
6.	DATE OF BI	RTH (month, day	y, and year)	1865		I last saw h 1 111 alive on		· · · · · · · · · · · · · · · · · · ·
_	AGE	Years	Months	Days	If LESS than	to have occurred on the date sta		
		67?	Unkn	iown	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of i	importance Date of onset
NOI	8. Trade, kin SA	profession, or pa d of work done, WYER, BOOKKEE	articular as SPINNER, EPER, etc	Labor	er	General arter	iosclerosi	
IPA1	9. Indust	ry or business in rk was done, as S W MILL, BANK,	n which SILK MILL,	Unkno	wn			
OCCUPATION		W MILL, BANK, of leceased last works s occupation (mo ar)	rked at onth and	spe	ime (years)			
12	. BIRTHPLA		Maryl			Other Contributory Causes of Im- Senility		?
ER	13. NAME	John	Edward	Landon	, desd			
FATHER		PLACE (city or to		ryland		Name of operation		Date of
ER	15. MAIDE	N NAME	lester 1	ughes,	dead	23. If death was due to external c		
MOTHER		PLACE (city or to tate or country)	own) Mary	land		Accident, suicide, or homicide?	Date o	of injury, 19
17	. INFORMAN (Addre	T	ital Re	cords le. Mar	/ land	Specify whether injury occurred	(Specify city or town in INDUSTRY, in HOME, (, county and State) or in PUBLIC PLACE.
18	BURIAL, CF	REMATION, OR		Date Mes		Manner of injury		
19	, UNDERTAK	, Decor	nock	Rection	neesse	24. Was disease or injury in any	way related to occupation	of deceased?

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Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE P	A 17 1932	ER STATEMENTS BY PHYSICIAN	
100	.0		

1	NO M	plnor	000	
	ite	30	Jo	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
	RD.	YSI	stat	
0	RECO	PH .	Exact	
r k	LN	LY.		
OINC	ANE	CT	ssified	
INI	ERM	XX	clas	a,
R E	A PI	ed 1	erly	ficat
FO	IS	stat	prol	certi
ED	HIS	be	pe .	jo :
MARGIN RESERVED FOR BINDING	K-T	hould	t may	TION is very important. See instructions on back of certificate.
ES	NI I	GE S	nat in	uo si
Z	DIN	· A	so t	ction
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AM	U	sup	in te	See i
	WIT	fully	n pla	nt.
	LY,	care	TH i	orta
	AINI	d be	DEA	imi
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V. S. No. 1	RITE	ion s	USE	N is
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S. S.	B.			
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STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIMIC	OF	MAKIL	AIND.	CENTIL	CAIL		DEALD

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		1 1117 717	1 11 11	OEITH TOTTE OF DETTIN	1000 =
1. PLACE OF DEA	ТН			(F3)	
County Anne	e Arunde	2]		Registration Dist. No.	
Village or City	Crownsy	ille Sta	te Hogni	No. St	Ward
			[±] (II	f death occurred in a hospital or institution, give its NAME instead of street and death of death of death of the death of street and death of death of death occurred in the de	d number)
					mosds.
2. FULL NAME		n H. Jer			
(a) Residence: No	Chal	Cles Cou (Usual place		St., Ward. If nonresident give city or town a	nd State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
49	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH ROVember 15th (Month) (Oay)	, 193
ia. If married, widowed, or divo HUSBANO of (or) WHFE of	Rosa Jer	ıkins		22. I HEREBY CERTIFY, That I attended June 9th 1932, to 100.	d deceased from
5. DATE OF BIRTH (month, da	y, and year)	1872		last saw h 1 m alive on NOV . 15th ,1932	_; death is sald
. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, atm.	
60	Unkr	מיעכן	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or position of work dona, SAWYER, BOOKKEE	which	Lebor		General paralysis of the insane	??
work was done, as SAW MILL, BANK, of this occupation (mo year)	rked at nth and	spe	ime (years) nt in this		
2. BIRTHPLACE (city or town) (State or country)	75 22 27		ipations	Other Coutributory Causes of Importance: Syphilis	?
1	known			-	
14. BIRTHPLACE (city or to	TTn	known		Name of operation Oate of	
15. MAIOEN NAME	Unknow	n		What test confirmed diagnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or to (State or country)		77 9	n	Accident, suicide, or homicide? Date of injury Where did injury occur?	
7. INFORMANT HOST	i al Re wnsvill	cords e, larv	land	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC I	PLACE.
8. BURIAL, CREMATION, OR F		Date 11/	17. 32	Manner of injury	
9. UNOERTAKER (Address)	more	Key	Jud	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED ACT . 16	1952	SID	Registrar.	(Signed) (Address) Wilsville 1811	07 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu - A 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Mother la	Registration Dist. No. 2
Village or City Chance of City	No. 3 St, Ward (If death occurred in a hospital or natitution, give its NAME instead of street and number)
Langth of residence in city or toon whara death occurredyrs	sds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Puchand	to hysen
(a) Residence: No. / 3 Got/6/	St., Ward.
(Usual place of about	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V	
Male col. Marie	
5a. If marriad, widowad, or divorted HUSBAND of (or) WIFE of	22. Be A HEREBY CERTIFY. That I attended deceased from
1 m	E 1937 to 107 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If	1 last saw harmalive on 1937; death is said
51 X 1- 1 day	ly,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	min. ware as follows: Onterio-selerose's Coulf of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	V. G
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Senerce Babalety don't 17
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (yar spent in this occupation occupation	nis and the second seco
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or couptry)	Austo Talle
1 1/1/1/19	N
13. NAME Charles (city or town)	D Nama of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or codelyry)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Much Marie	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place follow for Date for 1 3	2, 19.32 Natura of injury.
19. UNDERTAKER (Addiess)	24. Was disease or injury in any way related to occupation of deceased? The if so, specifyly brosse factor and
20. FILED 13 , 1932 - 144 C , 17	(Signed)
16 more blanks are moded address 5	Registrar. (Address Land P. State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11697
1. PLACE OF DEATH	1000
County / A C O	Registration Dist. No. 22
Village or City Potural	No. St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William W. John	ison
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw have alive on Nov 24, 193 & ; daath is said to have occurred on the data stated above, at 120 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows: Lobar Principal Cause of Death and related causas of importance Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this occupation (month and	ewear
this occupation (month and spent in this occupation was spent in this occupation spent in the spent in this occupation spent in the sp	Other Coatributory Causes of importanca:
13. NAME Oliva Johnson 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What tast confirmad diagnosis? Was thera an aulopsy?
15. MAIDEN NAME COM Wallace 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide? Data of Injury Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Oden for memoral 18. BURIAL, CREMATION, OR REMOVAR	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
Place Jens Cemetry Data Nov 28 ,1932	Natura of injury
19. UNDERTAKER Chas. Wilson (Address) Odonton ma	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 7 28, 199 N. d. Jones Depy Lo Cal Registrar.	(Signad) for the M.D. (Address) Glenn Valle M.D.
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BUREAU V.S	- 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

See Hoth	Certificate	to date of	Pust.	- 10
0000	- Congress	De la company de	Villa	- AV ,
		0		

	(A) (A) ARGIN RESERVED FOR BINDING
-WRITE PLAINLY, WITH	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of higher-
mation should be carefully si	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important. See	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11698
A	Desirable Diel No. 24
Village or City Cederperk	Registration Dist. No.
(1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles J. Kerr,	
(a) Residence: No. CEdarnank (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily F. Kerr,	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 1931, to Mov 6 1932
6. DATE OF BIRTH (month, day, and year) Tar 5 1880	I last saw h in alive on Nov 6 1932; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10.35 Pm.
8 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this operation (month and this propagation (mon	(Extension of infection in Nontine
year) occupation 14	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Prince Geo. County (State or country)	Oasemona N.
E 13. NAME Tamos T. Form	wastellang ans
13. NAME James J. Worr, 14. BIRTHPLACE (city or town) Maryland, (State or country)	Name of operation that the state of the stat
15. MAIDEN NAME Elizabeth C. Cranford,	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Blizabeth C. Cranford. 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT. Brily F. Kerr. (Address) Codorpork, Laryland.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL Place Data Data 19	Manner of injury
19. UNDERTAKER R. I. Topping	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEDINS 8 , 1932 frags C fra now Registrar.	(Signed) Yokest D. D. Welch M. D. (Address)

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County A. A.	Registration Dist. No.
Village or City Solleys	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma J. Ites	
(a) Residence: No. Soeleys	St., Ward.
(Usual pace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Final Colored OR DIVORCED (write the word)	11 4 193 2
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF Sackh Kass	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) hulen 1883	l last saw her aliva on 11 3 11 , 1932; death Is said
7. AGE Yaars Months Days If LESS than	to hava occurrad on tha date statad abova, at
40 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Market 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industry or business in which	wern femore ge 191132
work was done, as SILK MILL, SAW MILL, BANK, atc.	(apopulary)
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Jacobar Island md	Other Contributory Causes of importance:
(Stata or country)	Jul. acute Varenchanther
13. NAME Thomas Travers	Nephritis
13. NAME Jemas Traves 14. BIRTHPLACE (city or town) md	Name of oparation. Date of
1 (State of country)	What tast confirmed diagnosis? Clinical Was there an autopsy? 200 x
15. MAIDEN NAME Wary Lane 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
-1 (State of County)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place May Puty Date DVV 1, 193	Nature of injury
19. UNDERTAKER Paragonal Andrews	24. Was diseasa or injury in any way ralatad to occupation of daceasad?
(Address)	If so, specify
20 FILED / 4, 19 62 J. C. L. Ceron	(Assigned) M. D. M. C. A. C.
Registrar,	(Address) (J. (4) 1. Carrellen un 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributery causes of inventors			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

of infor-

1. PLACE C	F DEATE	H			(page)		_						
County a W					(SIR)	Registration	Dist. No.	1					
		or town where	foolio	Ond (If	death occurred in a horbital or institu	Hon, give its NAN	E instead of street and	Ward number)					
2. FULL NA	ME		res	m. 18	irley			mos					
- 8		1 aca	(Usual place		St., 'Ward.		t give city or town as	nd State					
	-		ICAL PART	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH						
3. SEX	4. COLOR	OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	/O	., 193 2					
a. If married, wido HUSBAND of (or) WIFE of	wed, or divorce	ed			22.70 I HEREBY	CERTIF	Thet I attende	d deceased from					
DATE OF BIRTH	(month day a	nd year)	lan 11 -	1912	I last saw her alive on	1932 to		, 19.5; daath is sai					
	ears	Months / ()	Days	If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT		BOAm.						
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Confeation was done, as SILK MILL, Confeation with some saw MILL, BANK, etc. 10. Data deceased last worked at this corruption (month and this corruption (month and this corruption (month and this corruption (month and this corruption).				wera es follows:		4	Date of onse						
9. Industry or work w		hich K MILL, C	meste	man store	Country U			7.70-3					
10. Data decea this occupear)	sed last worke upation (month	d at	11. Totel t	ima (years) nt in this upation									
2. BIRTHPLACE (c		Prim	e Ge	000	Other Contibutory Causes of impo	rtance:	francisco :	Unker					
13. NAME	Gu	s. M.	e. /10	rby) 2000 acr	resic in or	igin lust	7					
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. NAME 19. Name 19. Name 19. Name 19. Name 10. Name 11. INFORMANT (Address) 12. Name 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. Name 19. Name					Neme of operation was furned by the test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was the following:								
									Accident, suicide, or homicide?				
					8. BURIAL, CREMA Place	tion, or rem	OCCUPATION OF THE PROPERTY OF	Date //av				12 32	Menner of injury
					9. UNDERTAKER	B Lann	If of	mig	•	24. Was disease or Injury in any wa		pation of deceased?	no
O. FILED	// 19	6, 1	new 1. C	And mi	(Signed) George	0/3	seel						

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritouitis	3 days ago
Other contributory causes of importance:	~	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infar-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11701
1. PLACE OF DEATH	<u> </u>
County a a to	Registration Dist. No. 20
Village or City	NoSt,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Harret aum Me Caster	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Hoff & Thomas McCartar	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) tally 30 1874	I last saw h.er alive on NOV 20 ,1932; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 Pm.
5-8 3 20 1day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation would need this occupation would need to be seen to be seen to this occupation would need to be seen to be	Thebral Demorrhage.
10. Date deceased last worked at this occupation (month and logol 7 11. Total time (years) spent in this occupation (month and logol 7 21. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) & A Co (State or country)	Other Contributory Causes of importance:
1 01 00	Affricación 3
13. NAME William James Otler 14. BIRTHPLACE (city or town) I allot Co	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?4_
15. MAIOEN NAME / fartet Clim Turdy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) a G C	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Laura, a. Wheathy (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Messer Mayo Date Not 22 1932	Nature of injury
19. UNDERTAKER POBELT & Suite (Address) 369 WEST	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILEO Nov 22, 1932 Cielward leollinson Registrar.	(Signed) Luy Clavili M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	D 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5. 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inhar-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH TION is very important.

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County M. M.	Registration Dist. No. 22
Village or City near - Dorsey	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME This. O. Wealing	
2. FOLL MAINE	01 W-J
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Jean Meadow,	22. 1 PAEREBY CERTIFY, That I spended deceased from
y can vicactor.	11/3/32 ,19 11/1/9/32 ,19
6. DATE OF BIRTH (month, day, and year)	I last saw h. Accase alive on 11 8 32 , 19 ; death is said
7. AGE Years Months Day's If LESS than 1 day,hrs.	to have occurred on the dete stated above, et
O Tarto articles and the control of	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Pulmonan 1
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 2 11. Total time (yeers) this occupation (month and 2 13. Total time (yeers)	7 0 0
SAW MILL, BANK, etc	Julieneutras.
this occupation (month and 2 32 spent in this year)	
ema,	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thos. Meador.	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Borgart Victory.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VVIS. Teo. Herrian (Address) Dorsey W	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, ON REMOVAL	Manner of injury
Place you Club Date Wov. 12, 1932	Nature of injury
19. UNDERTOKER Easton Sous	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nor 12 , 1932 Wasa M Haslup Registrar.	(Signed) Manh Shell M. D. (Address) Savas M. M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		AL CONTRACTOR OF THE PARTY OF T	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CANGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	TION is very important. See instructions on back of certificate.
1 :02	3.—WRITE PLAIN	mation should be	CAUSE OF DEA	TION is very im

1. PLACE (OF MAR	YLAND-	CERTIFICATE OF DEATH	03 -	
	6			Registration Dist. No. 26		
Village or City Phadyside					Ward	
		<i></i>		death occurred in a hospital or institution, give its NAME instead of street and nu	mber)	
	sidence in city or town when	a death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds	
2. FULL NA		Hills	m /Y	cok		
(a) Reside	nce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and St.	łaic	
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3. SEX Mule	4. COLOR OR RACE	OR DIXORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	193 <u>2</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attended deceased from the state of the s		
6. DATE OF BIRTH	(month, day, and year)			I last saw h alive on, 19;	death is said	
7. AGE Y	Months O	Days O	If LESS than I day,hrs. ormin.	to have occurred on tha data stated above, atin. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset	
Industry or SAW M	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business In which as done, as SILK MILL, ILL, BANK, etc used last worked at upation (month and	spa	time (years) ant in this	Premalure birth		
2. BIRTHPLACE ((State or co		Niek	ma	Other Contributory Causes of importance:		
14. BIRTHPLAC	CE (city or town) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	edynde m	d	Nama of operation		
15. MAIDEN NAME Margyet Thomas 16. BIRTHPLACE (city or town). Marge Assurable Co (State or country) 17. INFORMANT Marvell Nelse (Address) Phadyside Md 18. BURIAL, CREMATION, OR REMOVAL Place Det Nav 29, 193.			id Co 1932	What test confirmed diagnosis?	, 19 CE.	
19. UNDERTAKER (Addrass) 20. FILED NOV.	1 A Harde	led m	Id Inh M A Registrar.		ъ м. с	

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Example EIVED		Example II	
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Chronic interstitial nephritist 11 11 11 11 11 11 11	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	11794
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1	. PLACE OF	DEAT	ГН			97)		
	CountyA	nne	Arundel			Registration Dist. No.		
	Village or C	ity C	rownsvi	lle Sta	te Hosni	talnoSt,	Ward	
	Length of resid	dance in cit	ty or town where d	eath occurred 4	yrs 11 mos	f death occurred in a hospital or institution, give its NAME instead of street and not be dead of street and not s	amber)	
2	. FULL NAI	ME	Mary H	olland	Ogle			
	(a) Residen					Sark, Land Ward.		
	(a) Nesiden			(Usual place	of abode)	If nonresident give city or town and S	State	
			D STATISTI			MEDICAL CERTIFICATE OF DEATH		
3. SEX female 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married				5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word) 100	21. DATE OF DEATH November 26th (Month) (Day)	193 2 (Year)	
5a.	If married, widow HUSBAND OF (or) WIFE of	ed, or divo		erd Ogl	е	22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th 19 27 to Nov. 26 19 32		
6. I	ATE OF BIRTH (month, day	and vear)	1878		I last saw h. G.P. alive on Mov. 26th 19 32		
7. A			Months	Days	If LESS than	to have occurred on the date stated above, at 6		
	5	4	Unkn	own	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset	
Z	8. Trade, profes	sion, or pa ork done,	orticular as SPINNER, II PER, etc	oncewif	6	Gerebral arteriosolérosis		
OCCUPATION	9. Industry or	nusiness in	which	V 02.03 C. 11 22.22				
J.	Work was	dona, as S L, BANK, e	SILK MILL,	Unknown				
ÖÖ	this occupyear)	ed last wor pation (mor	nth and	spe spe	ima (years) Intin this Upation			
12.	BIRTHPLACE (cit (State or cour		Lang	lend		Other Contributory Canses of importance: Senility	. 7	
ER	13. NAME	Unlan	ovn			7.7		
FATHER	14. BIRTHPLACE (State or		wn)Un	know n		Name of operation Date of Date of What test confirmed diagnosis? Was there an au		
ER	15. MAIDEN NA	ME TI	knovn	I SLOW		23. If death was dua to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (Stata or		wn) Un	known		Accident, suicide, or homicide?		
17.	INFORMANT	Hosp Cron		obras . Mar 1	ล ก ก	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA) CE.	
18.	BURIAL, CREMAT	ION OR B	EMOVAL \	Date ///3	0/ ,1937	Manner of injury		
10	UNDERTAKER	ch	n 9 1	Stin	m	24. Was disease or injury In any way releted to occupation of decaased?		
15.	(Address)	30	N sh	27.7		If so, specify		
20.	FILED 126	32	19 8	The State	O L Registrar.	(Signad) Address) Address)	nd M.D.	

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car 3 9 334	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		E E / 1 E E E	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1
- ·	May 1,1925	Gusii veniei ilis	1 year

M	item of infor-	should state	of OCCUPY	
•	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPN	
MARGIN RESERVED FOR BINDING	PERMANENT	EXACTLY	ly classified.	ate.
VED FOR	A SI SIHT-	Ild be stated	ay be proper	ck of certific
IN RESER	DING INK-	l. AGE shou	so that it m	uctions on ba
MARG	VITE UNFA	fully supplied	plain terms,	it. See instr
•	PLAINLY, V	nould be care	OF DEATH in	TION is very important. See instructions on back of certificate.
T	-WRITE	mation sh	CAUSE (TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH

40	- 0	60,	6 1	Pier
P	- 1	1	FI	1 1
311	-	- 6	11	1.1

1. PLACE OF DEATH			97)		
County Anne	Arundel		Registration Dist. No. 2/		
Village or City Crown	sville St		i tena St.	Ward	
Length of residence in city or town wh	ere death occurred	ors 6 mas	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)	
2. FULL NAME	Edward Pa	_			
(a) Residence: No.			MStr /lanward.		
(a) Residence. No.	(Usual place	of abode)	If nonresident give city or town and S	tale	
PERSONAL AND STATI	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE	RIED, WIOOWED. D (write the word)	21. DATE OF DEATH November 11th (Month) (Oay)	193 2	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Unknown			22. HEREBY CERTIFY, That I attended do April 16 19 32 to Nov. 11th	ecoased from	
6. DATE OF BIRTH (month, day, and year)			I last saw h_im_alive on Nov. 11th		
7. AGE Years Month:	0ays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11: 204. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Unkno wn	ime (years) nt in this	General arteriosclerosis		
12. BIRTHPLACE (city or town) (State or country)			Other Contributory Causes of Importance: Se nility	?	
I 13. NAME Thomas	Palm				
13. NAME Thomas 14. BIRTHPLACE (city or town) (State or country)	relind		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Maria	(Unknown))	23. If death was due to external causes (VIOL ENCE) fill in also the following:	1	
15. MAIOEN NAME Maria (Unknown) 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Hospital Records			Accident, suicide, or homicide?		
(Address) GPOWINS 18. BURIAL, CREMATION, OR REMOVAL Plecumberland - 21	d. Dete nov		Manner of injury Neture of injury		
19. UNDERTAKER HELD 8 (Address) Sykes so 20. FILEO MY-14. 73	le-ni	d	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	97 m. o.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11795
1. PLACE OF DEATH	3
County Anne Loundel	Registration Dist. No. 23
Village or City Linthicum Agta	ND
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Still Bunks	Patterson
(a) Residence: No/8: Linthucum (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
the thirty that	12/80 ,1932, to 15 Non 19 02
6. DATE OF BIRTH (month, day, and year) 18 18-1932	I last saw h; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, etm.
dtell/Arx dday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
Industry or business in which	11100111
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (mostly and the control of th	and mil
11. Total time (years) spant in this occupation (month and year)	aht at 8th west
Tithe Ust	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Valledin Russell tattetin	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME LOUISE Avance 16. BIRTHPLACE (city or town) Sharan	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sharon	Accident, suicide, or homicide? Date of Injury19
E (State or country) Tennsylvanue	Where did injury occur?
17. INFORMANT Louise & Pattopsen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Living
Place. Total Dail 2 19	Manner of injury
19. UNDERTAKER	24. Was disease or Injury in eny way releted to occupation of deceased?
(Address)	If so, specify
20. FILED A NOV., 1932 albrich lastruff	(Signed) All Will My and must M. D
Registrar.	(Address) Levis Micleum / 1910-11-1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 6 103?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
(item	shou	O Jo	
M	very	IANS	ment	
	RD. E	YSIC	state	
	(ECO)	PH	xact	
Ü	INT	LY.	E. E	
DIN	MANE	ACT	assifie	
BIN	PER	EX	rly cl	ate.
ARGIN RESERVED FOR BINDING	IS A	stated	prope	TION is very important. See instructions on back of certificate.
ED	HIS	be	pe .	of
ERV	K-T	hould	t may	back
RES	G IN	GE s	hat i	ns on
NIE	ADIN	d. A	8, 50 1	ructio
ARC	UNE	upplie	terms	e inst
	TTH	ally s	plain	Se.
7	Y, W	carefu	'H in	ortani
	AINL	d be	DEAT	'imp
	E PL	lnous	OF]	s very
V. S. No. 1	VRIT	ition	NUSE	ON is
No. 1	B.—V	m	C	II
, (3)	ż			

STATE 1. PLACE OF DEATH	OF MARYLAND—	-CERTIFICATE OF DEATH 11797
County and	al areaded	Course to 93-0 Positivities Div No. 2-0
Village or City	aus Landing	Registration Dist. No. No. St, War [If death occurred in a hospital or institution, give its NAME instead of street and number)
1	mabel Poter	sds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No.	ovava paa	
(a) nesiderice. No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGEE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH November 7, 193 2 (Month) (Day) (Year)
5a If merried, widowed, or divorced HUSBAND of (or) WIFE of	1 Peters-	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ate unknown 2 1890	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months	Days If LESS than 1 day,hrs. Ormin.	to have occurred on the date stated above, at 11 a.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	une -	were as follows: Chronic Buyo Carditis - Date of one
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Q - 4 (State or country)	a County	Dther Coutributory Couses of Importance:
14. BIRTHPLACE (city or town)	Franklin-	Neme of operation Date of
(State or country)	VIII	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Link	wun	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME LANK 16. BIRTHPLACE (city or town) (Stete or county)	ary land.	Accident, suicide, or homicide?
17. INFORMANT Sley (Address) Ray	Velego	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A COUNTY COMPANY Place A COUNTY COUNTY COMPANY Place A COUNTY COUNTY COUNTY Place A COUNTY COUNTY Place A COUNTY COUNTY COUNTY Place A COUNTY Pla	pare Nor 10th 32	Manner of injury
19. UNDERTAKER / Abect	Word,	24. Wes disease or injury in any way related to occupation of deceased? 24.
20. FILED MOT 9, 1837	My Clay to.	(Signed) Emily H. Intern M. (Address) Solthan Mad
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH 11798
1. PLACE OF DEATH	(a)
County a W	Registration Dist. No.
a de la decembra de la companya de l	No. Street percey Hospital St., Ward death occurred in a hospital or institution, give it NAME instead of street and number)
E I P O.T.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Triffact Petro	
(a) desidence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nav. 5 193 2
Sa. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	(a). 3 ,1932, to Mar. 5 ,1932
6. DATE OF BIRTH (month, day, and year) JVN 5- 1932	I last saw h alive on Sulla M. Mov 5, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Sulvariation
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town). and apolio on	Other Contributary Causes of importance:
(State or country)	Prematical replaces mentions
13. NAME alef Pelrides	accident
13. NAME OLEF Pelvides 14. BIRTHPLACE (city or town) Junkey	Name of operation Quite of
(State or country)	What test confirmed diagnosis? Chrise of Was there on autopsy? 418
15. MAIDEN NAME Ethel Jones 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) marylan	Where did injury occur?
17. INFORMANT alex Petridis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 19 Onemere Court and opoler of	•
18. BURIAL, CREMATION, OR REMOVALY	Manner of injury
Place Julian Suff Oate 1000 0,19	Nature of injury.
19. UNOERTAKER & d H offing (Address) and aprile m	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 1932 fray (c. togs Med	(Signed) 9. Willia Marlin M.D. (Address) Council Dair, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

OFFICIAL OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	···
1. PLACE OF DEATH	(b7-a)	199
County a - C -	Registration Dist. No. 2	/
Village or City 402185 Md (NoSt.,	Ward
Length of residence in city or town where death occurred wrs. mos. 2. FULL NAME Town Bandolf Coals	death occurred in a hospital or institution, give its NAME instead of street and rds. How long in U.S. if of foreign birth?	
(a) Residence: No. Longs Md	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If (merried, widowed, or divorced)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	decoded from
6. DATE OF BIRTH (month, day, and year) Tuly 4 1932	I last saw have alive on 22 73, 19 50	death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
8 Trade profession or particular	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and	Cleuce Broncheti'	Not4th
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Con Estate or country) a-Q-Co-Ma	Other Coutributory Causes of Importance:	Nink
13. NAME Randall Couts	ameno prominenta	101/1/
13. NAME Tandall Coulo 14. BIRTHPLACE (city or town) Jones (State or country) a a co ma	Name of operation Dete of	B
# 15. MAIDEN NAME Fram Portor	Whet test confirmed diagnosis? Was there an aiversal to the confirmed diagnosis where an aiversal diagnosis where all diagnosis where all diagnosis where a diagnosis where a diagnosis where a diagnosis where diagnos	
15. MAIDEN NAME Fran Portor 16. BIRTHPLACE (city or town) SI Margrel (State or country) A - A - CO Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT AM amir Day (Address) Lours Mot	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	;) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place Wayman Come Date 1/1 25 1982	Manner of Injury	
19. UNDERTAKER El. H. B. Parker (Address) 47 Was hunglon SI annapole	24. Was diseese or injury in any way related to occupation of deceased?	25
20. FILED NOT. 25, 1932. Matilda R. Registrar.	(Signed) The Celegrando	- tras
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting 7). S. No. 1 60	1

or. Alexander

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Example I			Example II		
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

yolen	brestly	beau	bests	elitereste	
		0	0	() 10	
U					

AARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE	mation she	CAUSEO	TION is v

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEATH		82-00	10
County Anne Arundel		Registration Dist. No. 21	
Village or City Crownsville	State Hospi	talnost,	Ward
Length of residence in city or town where death occ	7 0	death occurred in a horpital or institution, give its NAME instead of street and num 1. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Norman P	urnell		
	ounty, Maryl	enst. Ward.	
(U	sual place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. SING		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male black OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	Diameter Chin	93 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dec January 29th 19 32, to Nov. 5th	eased from
6. DATE OF BIRTH (month, day, and year) 1896		Hast saw h im alive on Nov. 5th 1932;	eath is said
7. AGE Years Months 36 Unknown	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
9 Trade profession or particular	ormin.	were as follows: Cerebral hemorrhage	l hr
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	chorer		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) MCTY 1 (State or country)	.end	Dther Coutributory Causes of importance:	
~			
13. NAME George Works 14. BIRTHPLACE (city or town) Unknown (State or country)	1	Name of operation Date of	==
(State of Country)	. 7 7	What test confirmed diagnosis? — Was there an auto	psy?
15. MAIDEN NAME Nannie Purne 16. BIRTHPLACE (city or town) Unknown (State or country)		23. If death was due to external causes (VIOLENGE) fill in also tha following: Accident, suicide, or homicide?	_, 19
17. INFORMANT Hospital Record	ls ryland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	7/ .~	Manner of injury	
Place Trepe Date	400 7 1932	Nature of injury	
19. UNDERTAKER Maurice C. Me	whamp	24. Was disease or injury in any way related to occupation of daceased?	
(Address) Trappe M	ia 1	If so, specify Markets	>
20. FILEDAN 8 , 1935 509	LC. Registrar.	(Sighed) (Address) GIOVIISVILLE VER PLANT	, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

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should state of OCCUPA-

item of infor

1. PLACE OF DEATH	
	(92-0)
County Cs. Cs.	Registration Dist. No. 2 /
	No. 148 Music St., Ward St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Thomas Troval	sds. How long in U. S. If of foreign birth? 5yrsds
(a) Residence: No. 14 & Prince Angle (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 2 9 193 2 (Year)
HUSBANO OF Catherine Producy	1 HEREBY CERTIFY. That t attended deceased from 15, 1932, to 2, 1932
6. DATE OF BIRTH (month, day, and year) (mg 15- 1855	t tast saw h 4 alive on 1 2 9 1932; death is sai
7. AGE Years Months Days If LESS than I day,hrs.	and a follows of DEATH and leisted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Rutural SAWYER, BOOKKEEPER, etc.	Fals Hair Areas Muh
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Reland	2.1
(State or country) C 13. NAME Patrick Roddy	- attrio Schros Mishus
14. BIRTHPLACE (city or town) Quel and	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Bridget Product 16. BIRTHPLACE (city or town) Preland (State or country)	23. If death was due to external causes (VtOLENCE) filt in also the following: Accident, suicide, or homicide?
17. INFORMANT In charl Proddy	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Last Last Curbate Dec 2 1932	Manner of injury
19. UNDERTAKER Sip. T. Evans V.Co. (Address) Ball rund	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 127 2 4, 19.3 2 - 7 6 C 7 7 6 7	If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSMGDS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WITE

V. S. No. 1

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of OCCUPA-

STATE OF	MARYLAND	CERTIFICATE OF DEATH	11719
1. PLACE OF DEATH			11117
County Anne Arundel (County	Registration Dist. No.	2, 1
Length of residence in city or town where death	occurred yrs. 2 n Roseburg	Ditalno. (If death occurred in a horpital or institution, give its NAME instead of street mos. 25 ds. How long in U.S. if of foreign birth?	
AT TOLK MAINE	ore City (Usual place of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
	SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo divorce d	d) November 28th	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of Sarah Rosel		22. I HEREBY CERTIFY. That I att Sept. 3rd 19 32, to November I last saw h im alive on Nov. 28th 19	tended deceasad from
6. DATE OF BIRTH (month, day, and year) 180		E AED	death is said
7. AGE Years Months 65? Unknow	Days If LESS t 1 day, Wn ormin	_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	e Date of onset
9. Industry or business in which work was done, as SILK MILL, Un. SAW MILL, BANK, etc	rniture Worl known 11. Total time (years) spent in this		?
year)	carolina ?	Other Contributory Causes of importance: Syphilis	?
置 13. NAME Unknown			
13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country)	wn		te of
15. MAIDEN NAME UNKNOWN		23. If death was due to external causes (VIDLENCE) fill in also that for	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country)		Accident, suicide, or homicide? Data of injury	, 19
17.INFDRMANT Hospital Recordances Crownsville,		(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HDME, or in PUBL	nd State) .IC PLACE.
18. BURIAL, ORPMATION, DR JEMOVAL	Date 1/1, 32	Manner of înjury Nature of injury	
19. UNDERTAKER A Photogram	the Supl	24. Was disease or injury in any way related to occupation of decease. If so, specify	ed?
20. FILED & C., 19	Mornie	(Signat Crownsville Women	100 / M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State out the particular kind of work done and return that, as spinner, weaver, etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

I year	Other contributory causes of importance: Gastroenteritis	8261,1 yoM	Gallstones
	. oogstrogmi to gosten vantidistann sodto		Other contributory causes of importance:
3 days ago	Perilondis -	1261'9'imf	Cerebral hemorrhage
I week ago	Run over by street car	1261	Chronic interstitial nephritis
Date of onset	The principal cause of death and related causes is engine or in constrong in the constraint of the con	ferno to eled	The principal cause of death and related causes of importance were as follows: Anteriosclerosis
	Example 11		r aidmeya

MARGIN RESERVED FOR BINDING

MRITE PLAINLY, WITH UNITADING LANGE Should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Length of residence in city or town where death occurredyrsmos.	Registration Dist. No. No. St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) 12. 13. 14. 15. 16. 16. 17. 18. 18. 19. 19. 19. 19. 19. 19
Length of residence in city or town where death occurred	No. St., Ward. St., Ward. If nonresident give city or town and Stale MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) Output Description: No. Ward. If nonresident give city or town and Stale MEDICAL CERTIFICATE OF DEATH 22. (Month) Description: (Month) Description: (Day) Description: (Year)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Single the word) ia. If merried, widowed, or divorced HUSBAND of	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 193 (Year) 22. I HEREBY CERTIFY That I attended deceased from the state of
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED. OR DIVORCED (Inject the word) ia. If merried, widowed, or divorced HUSBAND of	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 193 (Year) 22. I HEREBY CERTIFY That I attended deceased from the company of the company
4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED. OR DIVORCED (Injet the word) ia. If merried, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) 193 2 (Year) 22. 1 HEREBY CERTIFY That I attended deceased fr
ia. If merried, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY That I attended deceased fr
HUSBAND of 121 85	
	, 19, 00, 10, 10, 10, 10
S. DATE OF BIRTH (month, day, end year) Lee, 27 18 75	Wast saw h Line elive on 2000, 2 7 193 death is s
AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
	were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Jugaentons of
9. Industry or business in which	- Clora
9. Industry or husiness in which work was done, as SILK MILL, Reduced SAW MILL, BANK, etc	
9. Industry or business in which work was done, as SILK MILL, Reluced 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town)	Dither Contributor Causes of importance:
(State or country)	Murry //
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Seferce Co. Lurius 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT My Med. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL Place Trueledship Date 10601 1932	Manner of Injury
9. UNDERTAKER Helolius (Address) Ou dillo - Mad.	Nature of Injury 24. Wes disease or injury In any way related to occupation of deceased? If so, specify
10. FILED NOT 29, 1932 AND Clay Co-	(Signed) Supply William M (Address) Change M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE REAL WIFE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastraenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

item of infor-

1. PLACE O	F DEATH			108	Wing.	11117
County	Cenne are	endel.			Registration Dist. No.	2/
Village or (7			MoNo		
Length of res	7			ds. How long in U.S. if	of foreign birth?yrs.	d
2. FULL NA	ME Tredere	c/cq se	hramm.			
(a) Resider	nce: No. Par	(Usual place		St., Ward.	If nonresident give city o	r town and State
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF D	EATH
Jemaly	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Mon. 2-9 (Month) (Day)	, 193 (Year)
a. If married, widov HUSBAND of	ved, or divorced	: Sohra			, , , , , , , , , , , , , , , , , , , ,	
(or) WIFE of	Love	y soma	A SAL	22. I HEREB	Y CERTIFY, That	
DATE OF BIRTH	/	July 10.	1856-	I last saw h alive on		, 19 death is sa
	(month, day, and year) ars Months	Days	If LESS than	to have occurred on the date stat	, 15	-, 13-2, Quatri 13 Sa
	76 4	19.	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		tance
1 8. Trade profe	ession, or particular	- /	ormin.	were as follows:		Date of ons
kind of SAWYER	work done, as SPINNER, BOOKKEEPER, etc	at 10	m,	Lutas Pnes	moned	May 20
9. Industry or	business in which	and ho				
SAW MILL, BANK, etc.		-				
1 11110 0000	sed last worked at Plan	26 II. Total t	time (years) Out ent in this cu left upation			
2. BIRTHPLACE (ci	ity or town) Bal	timor	md.	Other Contributory Causes of Imp	ortance:	192
(State or cou	ntry)			Chronic Valve	elas Diseans of	
13. NAME	Louis	4. Con	rad.		the Gears.	
	E (city or town)	Luma	ny :	Name of operation What test confirmed diagnosis?	Sympton Was	Date of
15. MAIDEN NA	AME (4	n/Know	H ·	23. If death was due to external ca		
	E (city or town)	Germa	ny.	Accident, suicide, or homicide? Where did injury occur?		
7. INFORMANT	Locus	Solsam	m,	Specify whether injury occurred	(Specify city of town, country in HOME, or In I	PUBLIC PLACE.
	TION, OR REMOVAL			Manner of injury		
Place	Louden Palk	Date	DIC/ 1982	Nature of injury		
9. UNDERTAKER (Address)	John J	enfel .	not Balto	24. Was disease or Injury In any v	way related to occupation of de	ceased?
20. FILED 11/2	9 1932	more	Ula	(Signed)	, S. Bellin	golea M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	A.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ATIV.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	4	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

V. S. No. 1

1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 11715
County A. A.	Registration Dist. No. 21
Village or City Seveny Land	No. St., War did death occurred in a hospital or institution, give its NAME instead of street and number) mos ds. How long in U.S. if of foreign birth? yrs mos d
2. FULL NAME ALONGE TO THE STATE OF THE STAT	S Cott
(a) Residence: No. Oevery (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	ED. 21. DATE OF DEATH AND (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ary correct Sco	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BERTH (month, day, and year) 7. AGE Years Months Days tf LESS 1 day, ormi	I last saw h alive on, 19; death is sa to have occurred on the date stated above, atm. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc SAWYER, BOOKKEPER, etc SAWYELL, BANK, etc	honformed Feranton of
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar)	Shull
12. BIRTHPLACE (city or town) St. Francy (State or country)	Other Contributory Causes of importance:
I 13. NAME Ben Scott	
HE 13. NAME Sont Sorting 14. BIRTHPLACE (city or town) State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME (Yosa Servio	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MANY Suntition in the	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Lows Date Doll 9 , 19	Manner of injury Cut Geordan
19. UNDERTAKER 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20, FILED 20 9 , 19.3 2 72 76 C. 7 /Regin	(Signed) for Market Mula Corner.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 6	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	S days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

	1	بو	1	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
/	7	plu	DCC	
1	item	sho	of C	
11/	ry	NS	int	
1	Eve	CIA	teme	
X	RD.	[XS]	sta	
	ECO	PH	Kact	
	TR	Y.	6	
NG	KEN	TI	fied.	
	MAR	AC	assi	
BIN	ER	EX	y cl	te.
R	AF	ted	perl	ifica
FC	SIS	sta	pro	cert
IARGIN RESERVED FOR BINDING	HIS	pe	be pe	TION is very important. See instructions on back of certificate.
RV	L	pluo	may	back
E SE	Ľ	E sh	t it	on
R	DN	AG]	tha	ions
N	ADI	ed.	S, S6	ruct
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	PRI	atio	AUS	ION
No. 1	3.	H	C	T
V. S. No. 1	Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11715
1. PLACE OF DEATH	BO
County	Registration Dist, No.
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S, iI of foreign birth?yrsmosds.
2. FULL NAME 1/agg19 Sharti-	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or DIVORCED ("urite the word) Or DIVORCED ("urite the word)	Movember 8 Th., 193 2 (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from , 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
78 unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Burned to death : Ex confla- Date of one of
kind of work done, as SPINNER, OSM WESS	gration: her dwelling destroyed by
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	fire Coursed by a defeative flue
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Brown wood and (State or country) 9 - 9 - CO	Other Coutributory Causes of importance: Daralysis: she was paralyzed and could not get out
13. NAME WITHOUT	
13. NAME WILLIAM OWN 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNTEN OWN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident: Date of injury 2607 8, 19 32. Where did injury occur? Brown Woods. a. a. C. Md.
17. INFORMANT AMOS Anderson	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 3 vad / Sch. Cimil Date 1/, 1989	Manner of injury Burned to death Nature of injury Burned to death
19. UNDERTAKER & HB Parker (Address) 47 Washmodon (ST)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDONY 10, 19.32 Soft C. Try of Registrar.	(Signed) Lant J Staffermen Coroner Ma (Address) ashrapolis min
If move blanks are wooded address Some Parish in	NOTE OF THE PROPERTY OF THE PR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	a 13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/	m of infor	hould state	OCCUPA-	
	I. B WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DNIL	ANENT REC	CTLY. P	sified. Exac	
ARGIN RESERVED FOR BINDING	IS A PERM	stated EXA	properly clas	certificate.
ESERVED.	INK-THIS	E should be	at it may be	TION is very important. See instructions on back of certificate.
ARGIN R	UNFADING	supplied. AG	n terms, so th	ee instruction
	INLY, WITH	be carefully	SATH in plain	important. S.
D. No. I	WRITE PLA	ation should	AUSE OF DI	ION is very
. S. No. 1	I. B.—	m	C	T

V. S. No. 1

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	1717	
1. PLACE OF DEATH	-			4	
County Anne Arundel			Registration Dist. No.	عارد	
Village or City Grawnsvil	le State	e Hospit	& L No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length of residence In city or town where de	eeth occurred	A	death occurred in a northal of institution, give as 1471/112 instead of street and 1		
2. FULL NAME Litt	:leton S	helton			
***************************************	ilore C		vl§tnd Ward.		
(a) nonconce. Ho.	(Usual place of	abode)	If nonresident give city or town and	State	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH		
male 4. COLOR OR RACE black	5. SINGLE, MARRI OR DIVORCED Marr	(write the word)	21. DATE OF DEATH No vember 13th (Month) (Day)	, 193 2 (Yeer)	
5a. If merried, widowed, or divorced HUSBAND of LIST WHEE AT OF ISSUELLE husballe	Shelto:	n	22. I HEREBY CERTIFY, Thet I ettended June 15th 19. 32, to November 1	deceased from	
6. DATE OF BIRTH (month, day, and year)	1897			on Nov. 13th 19.32; death is said	
7. AGE Years Months	Deys	If LESS than 1 dey,hrs.	to have occurred on the date stated above, et 10:45m. M.		
25 Una	own	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	Date of onset	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Laborer Jnknown 11. Total tin	ne (yeers)	General Paralysis of the Insane	?	
12. BIRTHPLACE (city or town) Virgi (State or country)	occup	in this ? etion	Other Coutributory Causes of importence: Syphilis	?	
# 13. NAME Unknown (II	Llegitim	ate)			
13. NAME UNKNOWN (11 14. BIRTHPLACE (city or town) Unkr (Steta or country)	10 WN		Name of operation Deta of Whet test confirmed diagnosis? Wes there are		
15. MAIDEN NAME Alice She	elton, d	ead	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	g:	
SE 16. BIRTHPLACE (city or town)			Where did injury occur?	-	
17. INFORMANT Hospital Re (Address) Crownsville	ecords e, Maryl	e nd	(Specify city or town, county and Star Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece W 4	Coate Nord.	19 1932	Manner of injury		
19. UNDERTAKER	Redden	Registrar.	24. Wes disease or injury in any way related to occupation of deceased If so, specify (Signed (Address) DOWNSWILL	M. D.	
7.0		11	7.4.	310	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis NOV 2	3 days ago
		BDRE 1932	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

v.

PLACE OF DEATH County and arendel bo	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 25
Village or City Brooklyn Ph (No. 106 - 7) 2FULL NAME Lennie M.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed, OR DIVORCED MANUE	(Month) 6 3192 (Year)
6 DATE OF BIRTH (Youth) (Day) (Year)	that I last saw h alive on
7 AGE (Ponth) (Day) (Year)	and that death occurred on the date stated above, at
34 yrs. 2 mos. /6 ds. or min.?	2/16/
a) Trade, profession or particular kind of work.	1 Volival
(b) General nature of industry business, or establishment in which employed or (employer)	(Duragion) yes, y m fe. I lie.
9 BIRTHPLACE (State or country)	Contributory Secondary Dyration A Ata Dros. A de.
10 NAME OF Steven Heim.	(Signed) (Address AND HAR)
of FATHER (State or country) & ont know.	*Stage the Disease Causing Death, of, in Jeaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER // L/	18 LENGTH OF RESIDENCE (For Pospitals, Institutions, Trans-
19 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death yismosds. State yismosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW LEGE	Where was disease contracted, if not at place of death?
(Informant) & harles D. Smith	Former or usual residence
(Address) 106-7 th Owl	blaa h l Molg, 1932
Filed Nov 18 192 Ida M. Whilin Registras	and the new Evano 08 8. Fortal

If more blanke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Mover return "Laborer," "Foreman," "Manager," "Deul-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Росенан, (b) Automobile factory. The material tired 6 ijrs). For persons who have no occupation en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a: the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can he known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wamwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many If the occupation has been changed Architect, Locomolive engineer, The ques-

s in al meningitis"; Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cardrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid the only definite synonym is "Epidemic cerebropueumonia, fever (never report "Typhoid Pneumonia"); Brouchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
> "Uraemia," "Weakness," etc., when a definite disease utic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcona, etc., of as fracture of skull, and consequences (e.g., sepwis, lelanum) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY causing death), 29 ds.; Branchopnoumonia (secondary), Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart not be

If this certificate is looked over thoroughly and all questions

answered in detail, it wilf prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m

PLACE OF DEATH

STATE OF MARYLAND

2FULL NAME Sarah A. Smith.	a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. White. Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) Marrie	
July, 17, 1899. , 1 (Month) (Day) (Year)	that I last saw h &R alive on Nov. 22, 193
AGE 33 yrs. 4 mos. 7 da. or min.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Confebutory acute dilatation of
10 NAME OF FATHER William A. Riggin. 11 BIRTHPLACE OF FATHER (State or country) Balto. Co. Md.	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 3alto. Co. Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrsmos. ds. State yrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles A. Smith	usual residence

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cottan mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Duy worked on may form part of the second statement. nature of the business or industry, and therefore an fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, whatever, write None. Househuid, etc. If the occupation has been changed For many occupations a single word or term on yrs). Farm laborer, Stationary fireman, etc. But in many For persons who have no occupation Laborer-Architect, -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrofever. the only definite synonym is "Epidemic cerebros intl meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mensles, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be inges, perdonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condiinterstitiod nephritis, (name origin; "Caneer" is less definite; avoid cough; Chronic valvular heart disease; Carcinonu, Sarconu,, etc., of etc. Nomenclature The etc.), "Dropsy, eontributory

If this certificate is looked over thoroughly and all questions has wered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

red 1625. C. had st

N. B.

CERT	DIFICATE OF DEATH. (131)
1-PLACE OF DEATH	REGISTERED NO. 2/
Chros BALTIMORE: (Ng. Marley a) 2-FULL NAME	Ward) (If death occurred in a hospital or institu- tion, give its NAME instead of street and
(a) RESIDENCE NO. Justily (2a. Co. Sect Ward
(Usual place of abode) Length of residence in city or town where death cocurred for	(Il non-resident give city or town and State) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	S MEDICAL CERTIFICATE OF DEATH
SEX 4 Color or Race 5 Single, Married, With the Or Divorced, (write the Color of Divorced)	D 17 May 14 1932
in it married, widowed, or divorced inuspand of Greenbury & her	I HEREBY CERTIFY, That I attended deceased from Cing 15, 132, 10 Tox 7 1932
6 DATE OF BIRTH (month, day, and sfar)	and that death occurred, on the date stated above, at 24 m
	ESS than yhrs. The CAUSE OF DEATH was as follows:
8 OCCUPATION OF DECEASED	Chronic Sulushtral Maghetic.
(a) Trade, profession or Averseure	rk : Sandafauration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY CEnelyal Tumorhaya
(e) Name of employer	
9 BIRTHPLACE (elty or town) Q : Q Lo	is Where was disease contracted
(State or country)	If not at place of death?
10 NAME OF FATHER B. 1: - 1	Did an operation precede death! Date of
11 BIRTHPLACE OF FATHER (city or town)	was there an autopsy?
(State or country) a, a, b, c,	What test confirmed discussion (Signed) Thus (Clayande M. D.
12 MAIDEN NAME OF MOTHER IN INC.	All 19 (Address) Lean Bruce Ind,
(State or country)	*State the Disease Cousing Death, or in deaths from Violen Causes, state (1) Means and Nature of Injury, and (2) Whether Acci- dental, Suicidal, or Homicidal. (See reverse side for additional space.)
14 Informant Aprilton Cephal (Address)	19 PLACE OF BURIAL, CREMATION OR Date of Burial
15 Flied Nov. 8, 1932 Mattelda P. De	Colla 20 UNDERTAKEN ADDRESS

Deb!

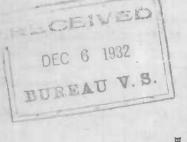
Registrar

(Approved by U. S. Census and American Public Health Asso.)

or At home, and children, not gainfully employed, as salary), may be entered as Housewife, occupation whatever, write None. Farmer (retired, 6 yrs.). from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed in domestic service report specifically the occupations of persons engaged At school or At only (not paid Housekeepers who receive a definite home who are engaged in the duties of the household Farm laborer, without more precise specification, as Day laborer, "Laborer," "Foreman," "Manager," "Dealer," etc., form part of the second statement. Never return Automobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. vided for the latter statement; it should be used only kind of work and also (b) the nature of the business teet, Locomotive engineer, Civil engineer, Stationary or industry, and therefore an additional line is protrial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indus-Farmer or Planter, Physician, or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word healthfulness of various pursults can be known. occupation is very important, so that Statement of Occupation .- Precise statement of occupation at beginning of illness. business, applies As examples: (a) Spinner, (b) Cotton Laborer-Coal mine, etc. that fact may be indicated thus: to each home. Care should be taken to for wages, as Servant, The material worked on may For persons who have no and every Compositor, person, the relative Housework. Women at If retired Archi

(name origin; "Cancer" is less definite; avoid use of toneum, etc., Carcinoma, Sarcoma, etc., of Bronchopneumonia "Epidemic cerebrospinal Cerebrospinal fever same accepted term for the same disease. DISEASE CAUSING DEATH (the primary affection with Statement of Cause of Death .- Name, first, the "Typhoid pneumonia"); Lobar use of "Croup"); Typhoid fever to time and causation), using always the Tuberculosis of lungs, ("Pneumonla," (the only definite meningitis"); unqualified, meninges, peri synonym pneumonia; Diphtheria (never re Examples:

> etc. death approved by Committee on Nomenciature wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown HOMICIDAL, INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. For violent deaths state means diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all rhage," "Inanitlon," "Marasmus," "Old age," "Shock," rulsions," "Debility" ("Congcnital," "Senile," etc.), symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. the American Medicai Association.) tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. "PUERPERAL septicemia," "PUERPERAL peritonitis," "Uremla," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," Heart failure," Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be -probably suicide. State cause for which surgical operation was (Recommendations on statement of cause of for or as Never report mere symptoms or terminal malignant probably such, The nature of the injury, as Example: Measles (disease neoplasms); The contributory Measles; "Hemor-(merely



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(/3/)
County Anne anudel	Registration Dist. No. 22
Village or City wash chapel	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of residence in city or town where death occurred mos	ds. How long in U. S. if of foreign birth? yrs. mos. ds
2. FULL NAME HOLOLOGY STUDY	
(a) Residence: No. (Usual placety abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
9 OR DIVORCED (write the word)	nov. 5th - 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John Lewis Stallings	22. I HEREBY CERTIFY. That I attended deceased from
& DATE OF RIPTH (month day and year) May 22-1893.	1932 to 1900. 5 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9-50 km.
39 _ 6 / 4 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	mha Ceretra Hemornhage Horz
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	Hypostatie neumonia 16,4.
11. Total time (years) this occupation (month and year) occupation 12. Total time (years) spent in this occupation occupation	
Makalegue	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // Water Grant (State or country)	malignant Hyperferoion
	Conjunction and the conjunction of the conjunction
E Malachada	and struggleway
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME - Ida he phelses.	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
16. BIRTHPLACE (city or town) Was Chapel	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or couply)	Where did injury occur?
17. INFORMANT. Ida in thelps (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Please Jan Date 15 1 1997	Nature of injury
19. UNDERTAKE Loyd Kaiser	24. Was disease or injury in any way related to occupation of deceased?
(Address) Vaurel flid	If so, specify
20. FILES LOV 9, 1937 V. J. Jones	(Signed) M. D. (Address) M. D. (Address)
If more blanks are needed, address State Registrar	2471 N Charles Decembration Personal Political Property of S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under-other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	7 CTC 2 - Y-L	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	TIEC 6 T	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURMAU	July 5,1927	Peritonitis	3 days ago
		÷		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	REC(PI
BINDING	PERMANENT	EXACTLY
FOR	IS A	stated
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PI
	-WRITE PLAINLY, \	mation should be care

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

IYSICIANS should state Exact statement of OCCUPA.

)RD. Every item of infor

1 :	1. PLACE C			JF MAR	YLAND—	CERTIFICATE OF DEATH	722	
	County Anne Arundel Village or City Mannapolis, Maryland					USN Hospital, Registration Dist. No. 1. No. Annapolis, Maryland St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward	
	Length of re	74		death occurred Benjamin	yrsmos.	ds. How long in U.S. if of foralgn birth?yrsmos.		
	(a) Reside	ence: No. 20	5 Hanov	rer St., (Usual place	Annapolis, M	Id • St., Ward. If nonresident give city or town and Sta	ile	
	PERSO	NAL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
	Male	4. COLOR Whit	е		tRIED, WIDOWED. D (write the word) I ed	21. DATE OF DEATH November 30 (Month) (Day)	93. Z (Year)	
5a.	5a. If married, widowed, or divorced HUSBAND of Florence Nelson Tardy (or) WIFE of				Tardy	22. HEREBY CERTIFY, That I attended deceased from 9 September 1932, to 30 November 1932		
6.	DATE OF BIRTH	(month, day, a	ind year) J	une 14.	1875	Hast saw him aliva on 29 November 19 32;	eath is said	
7.		57	Months 5	0ays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at _6.150.em. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of enset	
OCCUPATION	9. Industry or work w SAW M	business in was dona, as SIL ILL, BANK, etc	SPINNER, (R, etc	Officer, (Retired)	U.S.Navy,		-9-32	
00	10. Oate decea this occ year) _	upation (month	d at n and	spe	time (yaars) ent in this upation	Othar Contributory Causes of importance:		
12	. BIRTHPLACE (C			Arka	nsas	Pneumonia, broncho		
ER	13. NAME	Alexa	nder T	ardy				
FATHER	14. BIRTHPLAC	CE (city or town or country)	n) <u>al</u>	abama		Name of operation Data of What tast confirmed diagnosis? Was there an auto	nev? No	
ER	15. MAIDEN N	AME M	ary Va	ughn		23. If daath was due to external causes (VIOLENCE) fill in also the following:	p 0,	
MOTHER	16. BIRTHPLAC	CE (city or town or country)) Ten	nessee		Accident, suicide, or homicide? Oate of injury Where did Injury occur?	., 19	
17	17. INFORMANT R.R. Gasser, Lt.Comdr.(MC), USN (Address) USN Hospital, Annapolis, Md.					(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18	BURIAL, CREMA	TION, OR REA	NOVAL	oate Dec		Manner of injury		
-	. UNDERTAKER - (Address)		n M. Tapolis	aylor , Md.	Angesistrar.	24. Was disease or injury in any way related to occupation of deceased? No lf so, specify (Address) Lt.Comdr. (MC), USI (Address) USN HOSpital Annapolic and	M. 0	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

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/	nfo	stat	JPA	
/	of i	pli	CCI	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
M	T. A.	S	nt o	
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	SD.	YSI	stat	
	COL	PH	act	
	RE		Ex	
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NIC	ANI	CJ	ssifie	
Z	RM	X	clas	
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1	WRI	atio	AU	TION is very important. See instructions on back of certificate.
No.	1	E	0	T
V. S. No. 1	Z.			

		F MAR	YLAND-	CERTIFICATE OF DEATH 11723
1. PLACE OF DEAT		dol .		(82-a)
Village on Oile	IIG AFUI	MAT.		Registration Dist. No. 2
village of City	ne z r5e	vern	(1)	NoSt.,V death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cit	ty or town where o	leath occurred	yrsmos	gs. How long in U.S.II of foreign birth!yrsyrsmos
2. FULL NAME				
(a) Residence: No.	Severn	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH
	n or RACE hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov. 18, 193 (Month) (Day) (Yea
5a. If married, widowed, or divor HUSBAND of (or) WIFE of La		hiemeye	J.,	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day	and year) Ju	ly 15,	1858	I last saw h alive on, 19; deeth is
7. AGE Years	Months 4	Days 3	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, et al. 10. Date deceased last wor this occupation (mory year)	ked et nth and 15 V	11. Total ti	st ime (years) at In this ipation	Other Contributory Causes of importance:
14. BIRTHPLACE (city or to (State or country)	wn)Ger	meyer	,	Name of operation None Date of What test confirmed diagnosis? Symptoms Was there an autopsy?
15. MAIDEN NAME La	ura V.I	emple		23. If death was due to external causes (VIOLENCE) fill In also the following:
(Address) 1323	S.Thie Gallati	meyer n St.,N	Va. (Son)	Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR R		Data MOTZ	9739	Manner of Injury
19. UNDERTAKER Tohn (Address) 715	F. Der		Al. 1-	Nature of injury 24. Was disease or Injury In any wey related to occupation of deceased? If so, specify (Signed)
20. FILED.C S.V.Y	36.7		Registrar.	(Address) Breaklyn Mol

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street dur.	1 week ago
Cerebral hemorrhage	July 5,1927	Perioditis 2	3 days ago
		18 31	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

V. S. No. 1

1. PLACE O		OF MARY	LAND.	Section Care	OF DEA	un III	34
County	a, a,	·y			Registration	Dist. No. 20	1
	City Mulwel	<i>y</i>		Nodeath occurred in a hospital or inst			
	idence in city or town where	_	- /	ds. How long in U.S. in	f of foreign birth?	yrsn	10sds.
2. FULL NA		en lu	Swell	<u> </u>			
(a) Resider	ice: No.	(Usual place o	f abode)	St.,Ward.	If nonresident	give city or town and	l State
PERSON	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	NED, WIDOWED, (write the word)	21. DATE OF DEATH	(Month)	/5 (Day)	, 193 2
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREB	Y CERTIF	Y, That I attended	
6. DATE OF BIRTH	(month, day, and year)	Bee 12	1868	I last saw he alive on	mar. 15	190	: death is sald
	mrs Months	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE.			
SAWYER	ssion, or particular work done, as SPINNER, BDOKKEEPER, etc.	Jones	lie	Henry	yes		Date of onset
SAW MI	business in which s done, as SILK MILL, LL, BANK, etc			Hegge	lenn	ñ.	-
O this occu	ed last worked at pation (month and	11. Total tir span occu	ne (years) t in this pation				
12. BfRTHPLACE (c (State or cou		A.		Other Contributary Causes of Im	Apportance:		
13. NAME	liomas	Madde	2	a conjugation	7		
	(city or town)	M	<i>p</i>	Name of operation			autopsy?
f5. MAIDEN NA	ME Mayare	& Jugl	4	23. If death was due to external o			
16. BIRTHPLACE	(city or town)	ed,		Accident, suicide, or homicide?_ Where did injury occur?			
17. INFORMANT	In allen	Leny		Specify whether injury occurred	(Specify city or I in INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC PL	te) ACE.
f8. BURIAL, CREMA	ion, or removal	Mod No	y 17,32	Manner of Injury			
19. UNDERTAKER (Address)	J. A. galar	Varide	ly rada.	24. Was disease or injury In any If so, specify	way related to occupa	ation of deceased?	No
20. FILED MON	16th 32	NA-C	lay ter	(Signed) (Address)	L W We	ud	M, D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	[self		b	Inp
4	1	6	De	5	5
		-			-

1. PLACE OF DEATH County Anne Arundel County	B49 Pagistration Diet No.		
Village or City Crownsville State Hospit	Registration Dist. No.		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
	26_ds. How long in U.S. If of foreign birth?mosds.		
2. FULL NAME George Wl Tyler			
(a) Residence: No. Allegany County (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 11 193 2 (Month) (Day) (Year)		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932 to Nov. 11, 1932		
6. DATE OF BIRTH (month, day, and year) 1876 (Wate Unknown	tast sew him elive on Nov . 11 19 32; death is said		
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 Pm m.		
8 Trede profession or perticular	were as follows: Exhaustion due to scute Date otons of		
Kind of work done, as SPINNER, Steel Worker SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Psychosis . Duration six		
work wes done, as SILK MILL, SAW MILL, BANK, etc	beaki.		
10. Date deceased lest worked at this occupation (month and yeer) 11. Totel tima (years) spent in this occupation			
12. BIRTHPLACE (city or town) Haryland	Other Contributory Causes of Importance: Asnic Depressive Psychosis		
(State or country)	Manic Type		
置 13. NAME George Tyler			
13. NAME George Tyler 14. BIRTHPLACE (city or town) Seryland State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?		
# 15. MAIDEN NAME Sarah Ellen Tyler	23. If death was dua to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Sarah Ellen Tyler 16. BIRTHPLACE (city or town) Maryland (Stete or country)	Accident, suicida, or homicide?		
17. INFORMANT Hospital Records (Address) Crownsville, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18-BURIAL, CREMATION, OPREMOVAL Medical May 14; 1937	Menner of injury		
19 UNDERTAKER HERE There Inc.	24. Was disease or injury In any way related to occupation of deceased?		
(Address) Susceptible M. 2.	If so, specify		
20, FILED 1/12 3,2 E. F. Joyce	(Signal) El M. D.		
Registrar.	(Address)		

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

SIATE OF MARYLA 1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH
County Anne Arundel	Registration Dist. No.
Village or Citynnapolis Length of residence in city or town where death occurredyrs	No. Emergency Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mgs. ds. How long in U.S. If of foreign blirth? yrs. mos. ds.
2. FULL NAME Bertha Virginia Bro	
(a) Residence: No. Magothy River (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write to married)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Otto Vanous	22. Non) HEREBY CERTIFY. That I skended decaased from
6. DATE OF BIRTH (month, day, and year) Sept. 19, 18	1 lest saw h aliva on Nov 5 , 19.3 ; death is said
	SS than to have occurred on the date stated above, at
No late deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Anne Arundel Count (State or country) Maryland.	Other Contributory Causes of Importanca:
13. NAME James Nichols	
13. NAME James Nichols 14. BIRTHPLACE (city or town) A. A. QO., (State or country) Maryland.	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME unknown	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mr. Otto Vanous (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE VELSES CHEREN Date NOV. 7	Manner of Injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or Injury in any way ralated to occupation of decaased? Leo If so, spacify
	(Signed) (Signed) M. D. (Address) Company (Address) M. D. (Address) Company (Address) M. Charles Street, Baltimore, Requesting O. S. No. z.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

should state of OCCUPA-

item of infor

SIA	IE OF	MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	4	500	£1 (82-cv)	
County Mase	e dh	of the lo	Registration Dist. No.	
Village or City	etth It	wh	No. Male (Usual Co. 1987) Me death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or t	own where death or	ccurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	chal	o Walk	ev	
(a) Residence: No.	A CON	ome h.S.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND S			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR		NGLE, MARRIED, WIDOWED, R DIVORCED (Swrite the word)	21. DATE OF DEATH (Month) (Day) (Yes	/
5e. If married, widowed, or divorced HUSBAND of			00	
(or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased	3.7%
6. DATE OF BIRTH (month, day, and	180	64 malinary	I last saw h & alive on ov. 78th, 1937; death i	
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at	13 3010
68		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trade, profession, or particula	ar (1)	ormin.	were as follows:	
kind of work done, es SP SAWYER, BOOKKEEPER, e	INNER,	1	lerehal Lemmon Lace	
9. Industry or business in which	1	veren.		
work was done, as SILK N SAW MILL, BANK, etc		11. Tablitus (11. 12.		
this occupation (month any	in	11. Totel time (years) spent in this occupation		
year)	/	Occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	my (and	Chane Un bled do	-hor
	Ración	7	School Rr	Sery
E	2	7		
4 14. BIRTHPLACE (city or town) (State or country)	Troit &	M 100 M	Name of operation Date of	
	IN R		What test confirmed diagnosis? Was there an eulopsy?_	
E /	70-110	non n	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	1 al K	2 10 200	Accident, suicide, or homicide?, 19_	
Ann &	3 19	01-	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	Heme	mi	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOV	A/L	9 - 8	Manner of injury	
Place A A Co Y	me Dat	e Nev 30 , 1934	Neture of injury	
19 UNDERTAKER JUS.	J. CA	£ 1 - 1	24. Was disease or injury in eny way releted to occupation of deceased? Ro	
(Address)	donnil	le Ma	If so, specify	
20 EUED DATE 30 .3	2 Ponn	rie It	(Signed) Shortme Hay is	M. D.
20. FILED 100 -, 192	- Aur	Registrar.	(Address) Doccountille Mo	1
	If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	11728
1. PLACE OF DEATH			120	
County Anne	Arundel		Registration Dist. No. 2	3
Village or City Seve		9 9	No. St. F death occurred in a hospital or institution, give its NAME instead of street S	
2. FULL NAME Wood	side Emor	y Warfie	ld Jr.	
(a) Residence: No.	Severn M (Usual place	d of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 701 23	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	10ec.		22. I HEREBY CERTIFY That I atter	nded deceased from
6. DATE OF BIRTH (month, day, and year)	Nov. 13	1932		2, death is said
7. AGE Years Month		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2: 30 km. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of griset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	. Non	e	/ Francols preuman	Q !!/3/
10 Date decased last worked at this occupation (month and year)	11. Total ti sper occu	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Sev (State or country)	ern A. A.	Co. Md.	Other Control Convers of Importance:	1929
置 13. NAME Woods	ide E. Wa	rfield S:	r •	
13. NAME WOODS 14. BIRTHPLACE (city or town)	A. A.	Co. Md.	Name of operation Date What test confirmed diagnosis? Was there	110
15. MAIDEN NAME D	orothy M.	Taylor	23. If death was due to external causes (VIOLENCE) fill in also the following	
I6. BIRTHPLACE (city or town) (State or country)	A. A. C	o. Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mr/ Wood (Address) Se	side E. W.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	
18. BURIAL, CREMATION, QR REMOVED Place Trescolding	Berne Nov	- Zo 19 3 z	Manner of injury	
19. UNDERTAKER 9. Herr (Address) 130 E	m: 6m	ely e.	24. Was disease or injury in any way related to occupation of deceased	17
20. FILED 11-23-32,19 Cal	dwell Wo	od rux	(Signed) - Sulle Sanga	2 M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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For authorization to change mo	The M birth ale
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berthe certificale. That date agre	le with and mide of le
mo	*

V. S. No. 1 N. B. of OCCUPA-

1. PLACE O		OF MAR'	YLAND—	CERTIFICATE OF DEATH	1729
	Inne arund	1. 1		210-00	-
				Registration Dist. No. 2 3	
Village or (City True leda	year-	(1)	NoSt., f death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of res	idence in city or town where	death occurred		ds. How long in U.S. il of loreign birth?yrs	
2. FULL NA	ME Hilda	Watta	ins		
(a) Resider	nce. No	Burok	lyn RTD	St. Ward. 24 of	
(a) Resider	ice. ivo	(Usual place	of abode)	If nonresident give city or town a	nd State
PERSON	NAL AND STATIS	FICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Jemali.	4. COLOR OR RACE	5. SINGLE, MARI	(write the word)	21. DATE OF DEATH Moy. 28 (Month) (Day)	., 193 Z. (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attende	
				, 19, to	, 19
6. DATE OF BIRTH	(month, day, and year)	Fel. 25,	1924	1 last saw h attve on	; death is said
7. AGE Ye	ars Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at.	
	5 9	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	at not ro	1,	Fraching Skull.	200.20
9. Industry or	business in which is done, as SILK MILL,	Salval		'	
SAW MI	LL, BANK, etc.			- Oute accident.	
	sed last worked at upation (month and	11. Total ti	me (years) are he it in this pation		
12. BIRTHPLACE (c	ity or to mil/	da Hell.	9.9 lo	Other Contributory Causes of importance:	
(State or cou	ntry)	1211	md.	-	
13. NAME	frame 1	ar/cins			
	E (city or town)	Kly n.	m1.	Name of operation Date of	
(State o	r country)	14 54		What test confirmed diagnosis? Was there a	n autopsy?
15. MAIOEN NA	AME penette	Wille	ams	23. If death was due to external causes (VIOLENCE) fill in also the follow	
	E (city or town)	ofly n	ma	Accident, suicide, or homicide? A c welant Date of Injury Me. Where did injury occur? Hat by auf one Coda Half	9.96
17. INFORMANT (Address)	Start J. W	villiam	5. N.	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL		1	Manner of injury 1 by and 8	
Place. 10.1	^	Uate	, 19.9.	Nature of Injury Fraction / Sking	
19. UNDERTAKER (Address)	James (Hay	Balt.	24. Was disease or Injury In any way related to occupation of deceased?	100.
20, FILEO Y	30,1932	da M.V	Chetina Registrar.	(Signed film Knammer f. P) as	Lerones

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE, OF DEATH STATE OF MARYLANI CERTIFICATE OF DEATH Registration Dist No. (If death occurred in rated EXACT a hospit I or institution, give its NAME i. . stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH pro 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED, 50 may be WIDOWED. OR DIVORCED (Write the word) (Month) ... (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH structions that that I last saw h alive on (Month) (Day) (Year) 7 AGE III LESS than and that death occurred on the date stated above, at // l day hrs. terms ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work Armst = 0 plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country × D W OD 10 NAME OF Pour (Address) 4 BLAB *State the Discuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (I) 75 CAU (State or country) C 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA ients or Recent Residents) 13 BIRTHPLACE At place U of death yrs...... mos.ds. State yrs ds. (State or country 00 Where was disease contracted, if not at place of dea.h? Former or č usedal residence .. 00 19 PLACE OF BURIAL OR REMOVAL Por Cerretery. Fort arrange CIANS stateme DATE OF BURIAL 20 UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Case reported to the Bureau of the Census.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons en-Physician, Compositor, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). cifically

ie:tic service to.

ie:tic service without more precise specification as Day who are engaged in the duties of the (a) the kind of work and also (b) the Architect, Locomolive engineer, But in many

spinal meningitis"); Diphtheria 'avoid use of "Croup ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the Dil Typhola to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, fover never report "Typhoid Pneumonia");

> Recommendations on statement of cause of approved by Committee on Nomenclature toward) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma. etc., of Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) Chronic etc. The contributory valvular heart affection need Always quality all not be disease; death

permanently filed. answered In detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is if this certificate is looked over thoroughly and all qu stions

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	DEAT	ГН					
	County A	nne	Arundel				Registration Dist. No.	27
						No. f death occurred in a hospital or institut ds. How long in U.S. if of	ion, give its NAME instead of stre	St.,Ward
2.	FULL NAM	WE		White	(stillbox	rn)		
	(a) Residence			(Usual place		St.,Ward.	If nonresident give city or to	wn and Stale
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CE	ERTIFICATE OF DEA	тн
3. SE	X		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	November 16,	
5a. If	married, widow	ed, or divo	rced				(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of						CERTIFY, That I at	
				1	16, 1932	I last saw h alive on		
7. AG	SE Year	S	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated. The PRINCIPAL CAUSE OF DEAT were es follows:		Dete of onset
OCCUPATION	8. Trada, profas kind of w SAWYER, 9. Industry or b	ork dona, a BOOKKEE	as SPINNER, PER, etc			Stillborn	2 42	
UP/	work was	done, as S	ILK MILL,					
000	O. Date daceasa this occup		ked et oth and	11. Totel t	ime (years) Int in this	of gestation	•	
12. B	IRTHPLACE (cit				. Meade	N .		
α .	(Stata or coun			Id.		Unknown		
FATHER	I3. NAME	C	larence	White				
FA	14. BIRTHPLACE (State or		wn)	Oliis	£	Name of operetion		
œ .	15. MAIDEN NAM		adie Wh	1 + 0		What test confirmed diagnosis?		
Ξ -	16. BIRTHPLACE (Stata or	(city or to	D 6	ooklyn N. Y.		23. If death was due to external cause Accident, suicide, or homicida?	Data of injury.	, 19
17. II	NFORMANT					Specify whether Injury occurred In	(Specify city or town, county a INDUSTRY, In HOME, or In PUB	and State) LIC PLACE.
18. B	URIAL, CREMATI		EMOVAL	Nov.	16 ,19 32	Manner of injury		
19. U	NDERTAKER (Address)	No	ne			24. Was disease or Injury In any wa	ruman	
20. F	ILED	, 1	94.3		A. Registrar.	(Signed) C.E. FREE (Address) Fort G	MAN, Col., M.C. L eorge G. Meade, M	R. KK

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

B.-WRITE PLAINLY. WITH

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY.

FOR BINDING

FARGIN RESERVED

If more blanks are needed, agatess finte Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mat. dea.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
IR & PI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
3 00 00			
10 401			

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PLACE	OF	DEATH	
County as	m	arundel	-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist N. 2 3

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, Charled Single, Married, Wilder, Wilder, Wilder, Wilder, Wilder, Wilder, Witte the word)	16 DATE OF DEATH 199 2 199 2 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from
AGE If LESS than I day hrs. or min.?	40
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Henry Milliam 11 BIRTHPLACE	Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Signed) (Address) (Address)
OF FATHER (State or country) Waryland, 12 MAIDEN NAME Louisa Liles -	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryfand,	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mo- J. J. Welleams	if not at place of death?
(Address) Harmes P. 5 Md.	Hedring Cemb. My 412, 1902
Filed Nov. 2 1932 Matilda P. Beally Registrar	20 UNDERTAKER La dung. Bowie Med

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form loborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy (b) Automobile factory. The material If the occupation has been changed (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipliheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. tclanus) may be stated under the head of "confributory." as fracture of skull, and consequences (e. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-(secondary American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be "Heart failure," Committee on Chronic Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	7	20	Jo	
	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Kem o	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
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D	RECO	PH.	Exact	
	L	LY.	Γ.	
MARGIN RESERVED FOR BINDING	NEN	CTI	sified	
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18. BURIAL, CREMATION, OR

20. FILED / 5 3 2 19

19. UNDERTAKER (Addrass)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Anne Arundel Registration Dist. No. Crownsville State Hospital Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 28_ds. How long in U.S. if of foraign birth?______yrs.____mos.____ds. Length of residence in city or town where death occurred John Williams 2. FULL NAME Prince George's County (a) Residence: No. If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORGED (write the word) 193 2 November 30th male black (Day) (Yaar) 5a, If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Unknown (or) WIFE of Nov. 30th Hast saw h im alive on Nov. 30th 1867 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at __5__ 7. AGE If LESS than Months Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 65 Unknown or min. were as follows: Pate of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... Erysipelas CUPATION Unknown Andustry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ Othar Contributory Causes of importanca 12. BIRTHPLACE (city or town)_ (State or country) IInlenown

Ц	13. NAIVE	
	14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
2	15. MAIDEN NAME UNKNOWN	23. If death wes due to axtarnal causes (VIOLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town). Unknown	Accident, suicide, or homicide?
3	(State or country)	Where did Injury occur?
17.	INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	Chownerille Menulend	

-1. 193

Registrar.

24. Was disease or Injury in any way related to occupation of daceased?

If so, specify

(Signed)

(Address) Crownsville, Meryland

Manner of injury

Neture of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN